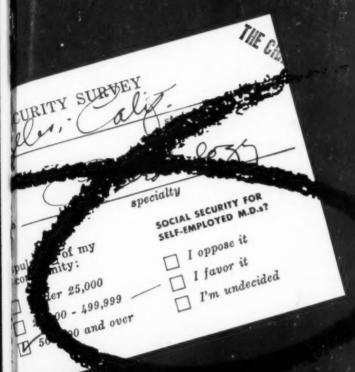
ANNIVERSARY 35

35th ISSUE

# Medical Economics

PUBLISHED EYERY OTHER MONDAY . ISSUE OF OCTOBER 113, 1951



How Physicians Feel NOW About Social Security

Results of a new national survey

#### in peptic ulcer

stop the pain

start the repair

# KOLANT

1. vital antispasmodic action—
BENTYL — Merrell's fast, safe antispasmodic . . relieves spasm-pain
promptly, without atropine-like side
effects. 2. balanced acid-neutralizing action — magnesium oxide and
aluminum hydroxide—prompt, longlasting relief . . . no laxation, no
constipation. 3. demulcent action—
Methylcellulose — soothing protective coating covers ulcerated area,
promotes healing. 4. antienzymeantipepsin action — Sodium Lauryl
Sulfate — effectively curbs necrotic

#### with 4 needed healing actions

effects of pepsin and lysozyme . . . prevents further erosion. Dosage-Gel: 2 to 4 teaspoonfuls every 3 hours, or as needed. Tablets: 2 tablets (chewed for more rapid action) every 3 hours, or as needed.

NON-CONSTIPATING . . . NON-LAXATING



THE WM. S. MERRELL COMPANY New York - CINCINNATI - St. Thomas, Ontario Another Exclusive Product of Original Merrell Research

TRADEMARKS : "BENTYL," HOLANTYLE

# **Medical Economics**

NEWS BRIEFS

YOUR EMPLOYES' SOCIAL SECURITY TAX under the new law that's effective Jan. 1 will be easier to figure if you obtain a chart most local tax offices are providing. It shows how much must be withheld for salaries up to \$195 per week.

U.S. PERSONAL INCOME ROSE 5% in '57, reports the Department of Commerce. South Dakota's 17% hike led the states. Delaware trailed with a 4% drop.

THE MENTAL-ILLNESS RATE is a tip-off to business trends, believes Dr. Marshall Porter, chief of California's Department of Mental Hygiene. In the recent recession, he reports, admissions to his state's mental hospitals rose some 10%. Since April. however, they've resumed a 2-year decline.

GOVERNMENT-PAID CARE FOR THE AGED IS INEVITABLE, says Economist W. M. Kiplinger: "At first it will cover only hospital and surgical ... expenses. But in time it will cover the physician's bill, too."

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#### NEWS BRIEFS

PUBLIC EDUCATION AGAINST VITAMIN FADDISM is the aim of a drive the A.M.A. and the Food and Drug Administration are pushing. Chief target of the campaign: door-to-door vitamin salesmen who use the "nutritional deficiency" sales pitch.

STRIKE VIOLENCE HAS FLARED at 8 hospitals in San Francisco's East Bay area. Hospital workers, demanding higher pay and a union shop, hampered the entrance into the hospitals of both food and patients. The violence subsided when a court limited picketing to 2 men at any hospital entrance.

IS PSYCHOANALYSIS FOR DOCTORS DEDUCTIBLE as a business expense? Psychiatrists Arnold Namrow and Jay C. Maxwell are asking the Tax Court to say it is, on grounds that the analyses they underwent were needed for professional improvement. Their argument: We "were better qualified to carry on...practice when we became aware of our own emotional blind spots" through analysis.

A DOCTOR WHO'S DENIED MEMBERSHIP in his local medical society can't invoke the anti-trust laws against that society, a Federal Court has ruled. The reason: A doctor's practice is a profession, not trade or commerce. So even if exclusion from society membership interferes with that practice, no anti-trust violation is involved.

DOCTOR-LAWYER CODE MOVES FORWARD: The code the A.M.A. accepted in June was also O.K.'d by the American Bar Association at a recent meeting.

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HOSPITAL ACCREDITATION STANDARDS ARE CONDEMNED in a resolution the Maryland medical society recently passed. Among the society's charges against the policies of the Joint Commission on Accreditation: They make doctors "attend unnecessary hospital staff meetings and conferences." They "favor the large, endowed institutions." "Subspecialties are overemphasized." And they've "made the procurement of internes difficult."

DOUBLE-CHECK YOUR MATH ON '58 TAX RETURNS, warns the Internal Revenue Service. On '57 returns it caught \$110,000,000 worth of errors favoring taxpayers, only \$48,000,000 favoring Uncle Sam.

UNWRITTEN BAN ON BIRTH CONTROL in New York Cityrun hospitals has been lifted. The ban caused a storm of medico-religious controversy when Hospital Commissioner Morris Jacobs recently invoked it. Now New York's Board of Hospitals has resolved to provide contraceptive devices for patients "whose life and health ... may be jeopardized by pregnancy." The board's resolution excuses Catholic hospital personnel "from participation in contraceptive procedures.

#### NEWS BRIEFS

PURGE OF EAST GERMAN M.D.s for "lack of Socialist mentality" has sent doctors fleeing westward at a rate of 62 per month this year. Now the Government wants to stop this flight. So it's promised doctors they may practice "without restrictions."

DOCTORS WHO OWN OR OPERATE X-RAY EQUIPMENT in New York City must now have a permit from the Department of Health. Purpose of the regulation, according to Health Commissioner Leona Baumgartner: to protect both the public and the users of such equipment against "unnecessary radiation."

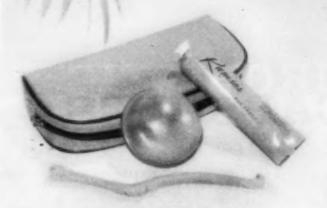
RED TAPE ON PARTNERSHIP TAX RETURNS may be reduced by the next Congress, says House Ways and Means Committee Chairman Wilbur D. Mills. In a recent Prentice-Hall article, he says partnership tax laws "should be closely examined," because they're "so complex that our small entrepreneurs [must increasingly] abandon...business decisions to their tax advisers."

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EXTRAVAGANT STOCK CLAIMS are the investor's own lookout, a recent New York Supreme Court ruling indicates. The Court has refused to declare one stock broker's claims fraudulent, even though it agrees they were "certainly not wholly true." The Judge maintains the claims were the kind of exaggeration permissible in advertising.

#### Patient cooperation assured-



#### when you prescribe the new RAMSES® "Tuk-A-Way" Kit (no. 701)

Beauty and convenience - the new kit, designed for feminine appeal, is attractively finished, compact for traveling. The zipper now runs across the top and down the side, providing easier access to the contents.

Ramses Diaphragm - cushioned comfort and optimal protection are ensured by the unique flexible rim, the strong, velvet-smooth dome.

Ramses Introducer - curved to conform to vaginal contours, smoothed and rounded to protect delicate tissue. Facilitates quick, accurate placement, easy removal.

Ramses Vaginal Jelly\* - 10-hour protection is provided by this nonirritating, nontoxic spermatocide. Safe for continued use, cannot impair future fertility.

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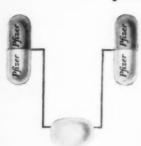
\*Active agent, dodecaethyleneglycol monolaurate 5%, in a base oil long-lasting barrier effectiveness. RAMSES and "Tuk-A-Way" are registered trade-marks of Julius Schmid, Inc.

now... added certainty in urinary tract infections . . .

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# UROBIOTICE CAPSULES

provide:



· the proven antibiotic of choice in urinary tract infections-Terramycin® (oxytetracycline)

\* COSA-TERRAMYCIN

SULFONAMIDE ANALGESIC

- · enhanced absorption with glucosamine potentiation
- · chemotherapeutic action of sulfamethizolethe sulfonamide of choice
- · prompt and effective local analgesia and relief of urinary symptoms with phenylazo-diamino-pyridine.

UROBIOTIC CAPSULES are especially valuable in the treatment of mixed urinary infections and infections caused by bacteria more sensitive to the combination than to either component alone.

REFERENCES: Bourque, J. P., and Joyal, J.: A Clinical Study of a New Sulfonamide in the Treatment of Urinary Infections, Canad. M. A. J. 68:337, 1953. Trafton, H. M., and Lind, H. E.: Urinary Infections, Clinical and Bacteriological Cure with Terramycin, J. Urol. 69:315, 1953. Musselman, M. M.: Terramycin, Antibiotics Monographs No. 6, New York, Medical Encyclopedia, Inc., 1956. Longley, J. R.: Oxytetracycline Therapy in Surgery and Infections of the Urinary Tract, Antibiotics Annual 1955-1956, New York, Medical Encyclopedia, Inc., 1956. New Yo

#### Each UROBIOTIC CAPSULE contains:

Cosa-Terramycin 125 mg. (oxytetracycline HCI with glucosamine) Sulfamethizole 250 mg. Phenylazo-diaminopyridine HCI 50 mg.

Supply: Urobiotic Capsules, bottles of 50.

Pfizer Researching the future ... to a

Encyclopedia, Inc., 1956, p. 358.

Trademerk

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

# **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, OCT. 13, 1958

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How Prevalent Is Fee Splitting Today? 86
There's still a lot of it. But signs are it's been reduced mate-
rially since the College of Surgeons' big war on fee splitters.
Here's what MEDICAL ECONOMICS has found

Copyright © 1958 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published fortnightly at Oradell, N. J. Vol. 35, No. 21. Price 50 cents a copy, \$10 a year (Canada and foreign, \$12). Circulation, 145,000 physicians. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N. J. For change of address, use the form on page 258.

Clinically confirmed in over 1,200 documented case histories1,2

#### CONFIRMED EFFICACY

Deprol

- acts promptly to control depression without stimulation
- restores natural sleep and reduces depressive rumination and crying

#### DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- ► does not adversely affect blood pressure or sexual function
- ➤ no excessive elation; no liver toxicity

Deprol is unlike central nervous stimulants

- ► does not cause insomnia or depress appetite
- ▶ no amphetamine-like jitteriness: no depression-producing aftereffects

1. Alexander, L.: Chemotherapy of depression—Use of meprobamate

Desage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to

3 tablets q.i.d. Composition: Each tablet contains 400 mg. meprebamate and 1 mg. 2-diethylamine-

ethyl benzilate hydrochloride (benactyzine HCD.

upplied: Bottles of 50 scored tablets. TERADE-MADE 00-7479

hydrochloride. J.A.M.A. 156:1019, March 1. 1958. 2. Current personal communications; in the files of Wallace Laboratories. Literature and samples on request

combined with benactyzine (2-diethylaminoethyl benzilate)

WALLACE LABORATORIES, New Brunswick, N. J.

#### Management Memo: Rx for Bounced Checks.. 89

Don't give up when a patient's check comes back to you marked 'not sufficient funds.' You may still be able to cash it, advises this professional management man

#### How Physicians Feel NOW About Social Security 90

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This poll of a national cross-section of doctors suggests that the medical profession may well have undergone a change of heart. Only three in every ten of those surveyed now oppose Social Security coverage for self-employed M.D.s; two years ago, twice that many were against it

#### When to Charge Contingent Fees . . . . . . . . . . 99

'You can't guarantee the results of your treatment—but you can guarantee to selected patients that they'll get their money's worth regardless of the outcome,' says this man

#### How'll You Pay Your Children's College Bills? 105

Higher education comes even higher these days. You can handle your youngsters' expenses more easily if you put time and interest to work for you. There are many ways to do it; here's how to pick the method that suits your needs

#### What's the Matter With Young Doctors? . . . . . . 129

'Irresponsibility' is the key word, says this old-school physician: It shows up in young M.D.s' relations with their colleagues, and in ways that patients notice, too

MORE >



# Fostex degreases the skin and helps remove blackheads



### Fostex contains a combination of surface active agents (Sebulytic\*) which:

◆ Completely emulsify excess oil so that it is quickly washed off the skin.



◆ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



#### Fostex dries and peels the skin

◆ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

\*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

#### FOSTEX CREAM

for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

#### FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.

#### Fostex is easy for your patients to use

◆ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

Write for samples

WESTWOOD Pharmaceuticals
Division of Foster-Milburn Co. Buffalo 13, New York

#### Now It's Easier to Take Medical Tax Deductions 142

More things can be claimed this year than ever before. Here's a rundown on the items that you—and your patients—are most likely to overlook on your 1958 income tax returns

#### How Well-Managed Is Your Practice? . . . . . . . . 159

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#### Blue Shield Paid Up at 65: Is It Feasible? . . . . 168

It wouldn't be easy to iron out the bugs, warn these health insurance authorities. But they agree that doctors must act fast to ward off Federal handouts for the aged

#### 

Here are the words experienced M.D.s use to explain the disease, restore the patient's confidence, spur his recovery

#### Get Ready for the Jenkins-Keogh Plan! . . . . . . 202

This long-overdue tax deferment for the self-employed nearly squeezed through Congress in '58. Its prompt passage in '59 is expected. So you'll do well to get acquainted now with your prospective pension rights under the new law

#### One Man's Fight Against Hospital Domination 223

It was a subtle duel, taking place during Iowa's long war over hospital control of pathology and radiology departments. As it turned out, the pathologist didn't win

MORE

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in coryza sinusitis rhinitis

#### noses can be a nuisance

Reach the site of infection. Penetrating Thonzonium disperses mucus, allowing the therapeutic agents complete access to the affected area.

Remove bacterial invaders. Gram-positive and gram-negative organisms succumb quickly to the potent bactericidal action of neomycin and gramicidin.

Relieve itching, sneezing, discharge. Thonzylamine, highly active, well-tolerated antihistaminic, controls allergic manifestations.

Reduce nasal congestion. Phenylephrine provides prompt, long-lasting vasoconstriction, without rebound congestion, clears blocked nasal passages.

nasal spray/drops

also available BIOMYDRIN F Nasal Spray with hydrocortisone alcohol 0.02% to control edema and inflammation



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# A Summary Report on CORTROPHIN-ZINC

(Corticotropin-Alpha Zinc Hydroxide)

Description: A unique patented electrolytic process (developed by Organon research) produces a complex of *alpha* zinc hydroxide and corticotropin. This complex offers considerable advantages for practical ACTH therapy.

Characteristics: New Cortrophin-Zinc provides corticotropin of unsurpassed purity with low foreign protein content. This reduces the risk of sensitization reactions.

Since about 5% of the corticotropin is uncombined, onset of clinical response is rapid. But the balance, present as a complex of alpha zinc hydroxide, provides a prolonged action so that the effective time span of a single dose is usually several days. Injection of the new electrolytic Cortrophin-Zinc is virtually painless.

Pharmacology: A potent stimulator of cortical activity, Cortrophin-Zinc does not depress functioning of the suprarenal glands. Unlike the corticosteroids, adrenocorticotropic hormone arouses the adrenal glands to produce natural steroids in natural proportions. In a 5-year study of patients on ACTH therapy, no case of adrenal or pituitary depression or atrophy has been observed.

Because Cortrophin-Zinc is virtually painless on injection and its prolonged action obviates frequent injections, it is now practicable to use Cortrophin-Zinc in most of the indications where formerly reliance has been on corticosteroids. This freedom from apprehension of deleterious depressive effects permits clinical use of valuable hormone therapy on a broader scale than has been possible heretofore.

Clinical Uses and Dosage: The many published reports on the use of Cortrophin-Zinc as well as ACTH in thousands of patients indicate its value in over 100 disorders. Most responsive have been: allergies and hypersensitivities, rheumatoid arthritis, bronchial asthma, serum sickness, and inflammatory skin and eye diseases.

Dosage should be individualized, but generally initial control of symptoms is obtained with a single injection of 40 units of Cortrophin-Zinc daily, until control is evident. Maintenance dosage is generally 20 units (or less) twice a week.

Use of Cortrophin-Zinc with oral steroids is now recommended as a safety measure to supply the important suprarenal stimulation and lessen the hazard of atrophy. Periodic use of Cortrophin-Zinc is advocated with all steroid analogs, such as cortisone, hydrocortisone, prednisone, prednisone, methylprednisone, and triamcinolone.\*

Supply: 5-cc vials containing 40 and 20 U.S.P. units of corticotropin per cc; 1-cc ampuls containing 40 and 20 U.S.P. units of corticotropin, with sterile disposable syringes.

\*Write for complete literature and bibliography containing specific dosage schedules to:

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ORGANON INC. · Orange, N. J.

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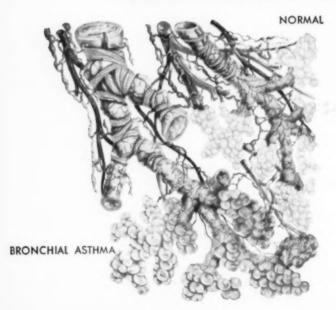
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# Bronchial Asthma



when acute attack threatens:

# Meprolone THE FIRST MEPROBAMATE-PREDNISOLONE THERAPY

# relieves both psychic and somatic components

In bronchial asthma, MEPROLONE used as adjunctive therapy exerts a combined activity that ● reduces the number of asthmatic attacks ● decreases wheezing and dyspnea ● suppresses asthma-anxiety sequence ● improves ability to rest and sleep.

SUPPLIED: Multiple Compressed Tablets: MEPROLONE-2—2.0 mg, prednisolone, 200 mg, meprobamate, and 200 mg, dried aluminum hydroxide gel (bottles of 100 tablets). MEPROLONE-5—5.0 mg, prednisolone, 400 mg, meprobamate, and 200 mg, dried aluminum hydroxide gel (bottles of 30 tablets).

Meprolone is a trademark of Merck & Co., Inc.



MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa.



### all cold symptoms

New timed-release tablet provides:

- ...the superior decongestant and antihistaminic action of Triaminic
- ... non-narcotic cough control as effective as with codeine, but without codeine's drawbacks
- ... an expectorant to augment demulcent fluids
- ... the specific antipyretic and analgesic effect of welltolerated APAP
- ... the prompt and prolonged activity of timed-release medication

#### Each Tussagesic Tablet contains:

1	RIAMINIC	8			*			*				50 m	ıg.
	(phenyl	ргор	ano	lami	ine	H	CI			. 2	5 n	ng.:	-
	phenin	amir	ie r	nale	ate					. 13	2.5	mg.;	
	pyrilan	nine	ma	leat	e .					. 13	2.5	mg.)	
1	Dormetha	ın (	bra	nd o	of o	des	etre	0.					
	methor	pha	n F	(Br)								30 m	g.
7	Terpin h	ydra	te		*						×	180 m	g.
A	PAP (N.	acei	vl-	nara	-31	mien	noi	ohe	no	D		325 m	0

Tussagesic Tablets provide relief from all cold symptoms in minutes, lasting for hours.

**Dosage:** One tablet in the morning, midafternoon, and in the evening, if needed. The tablet should be swallowed whole to preserve the timed-release action.

Also available-for those who prefer palatable liquid medicationTo reduce upper respiratory congestion and irritating secretions.

For non-narcotic control of the cough reflex.

To augment demulcent respiratory secretions.

For specific, highly effective antipyresis and analgesia.



firs -3 to 4 hours of relief from the outer layer

> of relief from the inner core

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Tussagesic suspension

Tussagesic

SMITH-DORSEY · a division of The Wander Company · Lincoln, Nebraska · Peterberough, Canada

# Letters

#### Down With Interneships!

Sirs: As it's now set up, the interneship is merely a year of slavery, enforced so senior physicians can sleep nights, with the house staff worryjng about their patients.

All the medical knowledge gained in a year of interneship could be learned in three months of intensive training—a month of medicine, a month of surgery, and a month of OB/Gyn. and pediatrics combined. The interneship year should be abolished, and most of the interne's present duties made part of the medical student's senior year or the junior resident's first-year program.

John H. Koning, M.D. Los Angeles, Calif.

#### **Too Poor for Courtesy?**

Sirs: All the recent expressions of sentiment against professional courtesy fill me with disgust. It's understandable that our profession must be run in a businesslike manner. But since when have we become so impoverished that we must deny professional courtesy to

our fellow physicians? Apparently we just don't like one another any more.

Kindness is on its way out of our society in general. And if our oncenoble profession continues in this selfish spirit, we will lose our standing and dignity. Without camaraderie among ourselves, how can we possibly remain the friends and counselors of our patients?

Andrew V. Bedo, M.D. Mt. Pleasant, Mich.

#### Treating Your Own Child

SIRS: Dr. John E. Eichenlaub's recommendation that the doctor "fade into the background" when his child is being treated by a colleague sounds fine. But it's unworkable. Doctors aren't laymen and can't take comfort in laymen's ignorance.

One of my medical friends took his daughter to an ophthalmologist for refraction, and the ophthalmologist thought he saw a choked disk. Though this means nothing to the layman, it spells "brain tumor" to the M.D. It would have taken superhuman restraint for my friend to sit back comfortably and

Canada

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irritating

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core

#### Letters

just hope that everything would turn out well in this case.

If Dr. Eichenlaub's advice were carried to its logical conclusion, the father wouldn't ask the attending physician for a technical diagnosis at all. He'd accept vague reassurances or terms like "liver upset."

But no doctor is going to talk like that to another. The parent-

physician knows too much medicine. That's his problem, and he's stuck with it.

M.D., Oregon

SIRS: ... No doctor can be expected to put his knowledge and skill on ice when his child is ill.

Anxiety may somewhat fog your judgment at such a time, but there's no reason why you shouldn't be an active professional partner in the case.

And usually everyone con-

### whenever he starts to



# he's ready for Delectavites

New vitamin-mineral supplement

in delicious chocolate-like nuggets

Vitamin A	.5,000 Units
Vitamin D	1.000 Units
Vitamin C	75 mg
Vitamin E	2 Units
Vitamin B-1	2.5 mg
Vitamin 8-2	2.5 mg
Vitamin B-6	1 mg
Vitamin B-12 Activ	rity 3 mcs
Panthenol	5 mg
Nicotinamide	20 mg
Folic Acid	0.1 mg
Biotin	30 mca
Rutin	

Boron	0.1 mg
Cobelt	0.1 mg
Fluorine	0.1 mg
lodine	0.2 mg
Magnesium	3.0 mg
Manganese	1.0 mg
Molybdenum	1.0 mg
Potessium	2.5 mg
USP. UNITS	fint, units
Boxes (	of 30-one s supply of 90-three
	supply or





WHITE LABORATORIES, INC., KENILWORTH, N.S.

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MEURODEPMATITIS CONTROLLED WITH S TEROTRIL

J. M., 32, department store sales clerk, neurodermatitis of 3 months' duration not controlled with corticoids alone; itching most severe following Thursday night and Saturday rush hours; placed on STEROTRIL, 2 tablets q.i.d.; all lesions disappeared at end of first week; continued on 1 tablet q.i.d. for maintenance.

NEURODERMATITIS AND ALL ANXIETY-AGGRAVATED

DERMATOLOGIC ALLERGIES
RESPOND VERY WELL TO

STEROTRIL

STROTRILO Toblets, 2.5 mg. METICORTEN (promisens) and 2 ms. ERLLAFOR Learnisons Looj: bettles to 30 mes (CO.

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#### Letters

cerned will feel better for your having acted in character as both a parent and a doctor.

In particular, your sick child will profit from your attentions. He knows you take care of other sick children. If you turn him over to another doctor for care, without showing interest in him yourself, he may suspect that you no longer love him-that you have, indeed, abandoned him.

As for your wife-well, if she's like most wives, she may well feel that if you refuse to share the responsibility with another doctor in the care of your child, you're either incompetent or unwilling to be bothered.

> William Kaufman, M.D. Bridgeport, Conn.

#### Charge for Overdue Bills?

Occasionally one of my SIRS: doctor-clients asks me about the advisability of adding an extra charge to overdue bills. My advice is always: "Don't do it."

There's something unpleasantly commercial about the idea. It's the equivalent of charging interest. And if a physician does that, his patients may begin to think he's more nearly a moneylender than a medical man.

In any event, a cure for slow collections is likelier to come from an overhaul of the doctor's collection procedure than from adding penalties.

Horace Cotton

President, Professional Management, Inc. Southern Pines, N.C.

#### Fund Raising as a Boon

SIRS: As a hospital fund-raiser, I've noticed an interesting byproduct of most campaigns: their stabilizing effect on the personal economics of some of the doctors concerned. It works this way:

The doctor wants to contribute more than just a token sum. So he stops and takes his first good look in years at how he's spending his money and how much he actually has. And that starts him organizing his budget.

Some time ago, I met a doctor in his early forties who'd acquired a \$75,000 home, a yacht, and a new Cadillac-and was still paying for them. When he wanted to contribute to his hospital's campaign, he found he really couldn't afford it. So he began to wonder how and why he'd got so deeply in debt. As a result, he straightened out his finances.

That sort of thing happens in every fund-raising campaign.

> William R. Haney Newtonville, Mass.

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RHELMATOID ARTHRITIS CONTROLLED WITH STEROTRIL

J. Y., 68, night watchman; rheumatoid arthritis of 6 years' duration, sudden flare-up of inflammation of joints in lower extremities; very worried about possible loss of earning power; Rx STERCTRIL, 2 tablets q.i.d., and METICORTEN, 2.5 mg. q.i.d.; pain and swelling under good control on second day, totally controlled on fifth day; continued on STEROTRIL, 4 tablets q.i.d.; METICORTEN discontinued.

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RHEUMATIC DISORDERS RESPOND VERY WELL TO EROTRI



STEROIRIL® Inblets, 2.5 mg. METICONTENP (produinons) and 2 mg. IRILATON (perphenesine); bottles of 30 and 100.

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### **INFECTIONS?**

Urinary tract infections, due to staphylococci or proteus (resistant or otherwise), may not respond to any antimicrobial agent except CATHOMYCIN (novobiocin). CATHOMYCIN has a long, established record\* of effectiveness against organisms resistant to most other antibiotics. It may be administered in combination with sulfonamides or with other antibiotics, providing a broad spectrum of action and protection against the emergence of resistant strains.

Especially useful for those hard-to-treat urinary tract infections, even those complicated by resistant staphylococci or resistant proteus, CATHOMYCIN is rapidly absorbed—producing therapeutic blood levels with a duration of 12 hours or more. It is generally well tolerated and there is no evidence of cross-resistance with other antibiotics.

# CATHOMYCIN

for staphylococcic septicemia, enteritis, postoperative wound infections and other serious staph infections.

DOSAGE: Adults: CATHOMYCIN Sodium 2 capsules b.i.d. or CATHOMYCIN Calcium Syrup 4 teaspoonfuls b.i.d. Children: (up to 12 years) 2 to 8 teaspoonfuls daily in divided doses based on 10 mg. CATHOMYCIN per lb. of body weight per day. SUPPLIED: Capsules sodium novobiocin, each containing the equivalent of 250 mg. of novobiocin—visls of 16 and 100—and as an orange-flavored syrup (aqueous suspension), in bottles of 60 cc. and 473 cc. (1 pint). Each 5 cc. CATHOMYCIN Syrup contains 125 mg. (2.5%) novobiocin, as calcium novobiocin. "Complete bibliography available on request.

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Thus obese patients find it easy to accept reduced portions of the wide wriety of foods in the Dietene 1000 Calorie Diet. They lose weight safely and sensibly . . . and like it.

FREE 1-POUND CAN OF DIETENE. See how quickly it mixes with skim milk, how good it tastes.

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#### THE DIETENE COMPANY Minneapolis 16, Minn. DE-1013

Please send me free a 1-pound can of Instant Dietene (regularly \$1.89) and free supply of Dietene Diet Sheets.

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Critically essential L-lysine with all the important vitamins

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To speed convalescence in major surgery, illness, injury

Efficient protein synthesis depends

To improve nutrition in the elderly, the adolescent, the growing child

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of all the essential amino acids
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of cereal proteins, which comprise 20% to
40% of total dietary proteins, is limited by a
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physiologic amounts of L-lysine to raise the body-building
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levels of all known essential vitamins. In order to obtain the optimal
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DOSAGE: 1 Tablet t.i.d. with meals. Cerofort Tablets in bottles of 60. White's

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#### Natural Protection of Cough Mechanism Not Impaired

#### Over 12,000 Clinical Observations Demonstrate Effectiveness

- (1) Chan, Y. T. and Hays, E. E., The American Journal of the Medical Sciences, August 1957;
- (2) Townsend, E. H., Jr., The New England Journal of Medicine, January 9, 1958;
- (3) Cass, Leo J. and Frederik, W. S., Annals of Internal Medicine, July 1958.



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# News · News · New

#### M.D. Warns Blue Shield It's Going Too Far

"Remember how, when the starving populace cried for bread, Marie Antoinette settled it all by suggesting: 'Let them eat cake'? We doctors are perilously close to this attitude."

The speaker: Dr. Tom D. Throckmorton, chairman of the Blue Shield Executive Committee

in Iowa. His subject is the new "blue chip" contract offered by that state's Blue Shield plan. Its features include no in come ceiling, coverage for surgerywherever performed, and



Throckmorton

(under one option) payment of up to \$5,000 in any one period of illness.

What bothers Dr. Throckmorton is that anyone whose income exceeds the \$3,600 ceiling for Iowa's older plans must subscribe for the "blue chip" plan, or else forgo Blue Shield service coverage.

Says the doctor: "Blue Shield cannot in good conscience con a \$4,500-a-year family man into a 'blue chip' policy. It's up to us to provide services he needs and wants-not an array of services we say he needs and wants."

Already the public is putting up sales resistance, according to the Iowa doctor. He notes that since the "blue chip" contract was put on the market several months ago, there's been no stampede to sign up. Dr. Throckmorton estimates the price factor has already cost Iowa Blue Shield a loss of some 6,000 contracts this year.

He proposes two remedies: (1) Offer a plan with a \$5,000 income ceiling, and (2) tailor policies to give the subscriber exactly the services he wants.

#### **How Autopsies Help Avoid Lawsuits**

When something goes wrong and the patient dies, a malpractice suit is always possible. How to prevent it? The Westchester (N.Y.) Medical Bulletin suggests two things:

First, "when an untoward event

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#### s · News · News

occurs, it is imperative that a prompt and frank statement of what has happened be made to the next of kin." The doctor's statement shouldn't be an attempt to "explain the inexplicable . . . [It] certainly should not include any attempt to fix blame." But it should convey the known facts, the Bulletin says.

Second step: Ask for an autopsy. This will help "convey to the relatives of the deceased [the doctor's | earnest desire to find out the cause of the untoward event by the only means that is likely to give . . . an adequate explanation."

These two steps, the Bulletin concludes, will help ensure that "the family will not lose [its] confidence, and the number of malpractice and negligence suits against both doctor and hospital will be greatly reduced."

#### One Too Many Emergency Cards? Not This One!

Are there getting to be too many different kinds of medical emergency cards for doctors to distribute to their patients? Dr. Charles W. Letcher of Miami, Okla., feels there are.

So in good-humored rebellion, he's designed a card of his own that he hopes will discourage the printing of any more new ones. It's reproduced right here.

IF I AM FOUND UNCONSCIOUS

#### DON'T GIVE ME INSULIN I AM DRUNK

DEPT OF PREVENTATIVE HYGIENE FORLANE COLLEGE MIANI ONLA

#### Tax-Saving Scheme Upset By Court of Claims

If you're planning to save taxes by selling an endowment or an annuity policy just before it matures, better postpone trying it for a while. That's the advice most tax counselors are giving their clients. Reason: Two conflicting court rulings have put this scheme's legality in doubt. Here's how the scheme has worked in the past:

Just before an endowment or an annuity policy matures, it's sold. The profit from this sale—the difference between the total premiums paid for the policy (less dividends) and the price it's sold for—is then reported as capital gain instead of ordinary income.

With endowment policies, the maneuver has drawn legal clear-

what qualities do you want most in a skeletal muscle relaxant?

> efficacy? long-lasting action? practical dosage? minimal side effects?

you'll find them all in...

# PARAFL

specific for painful spasm

In low back pain, sprains and strains, PARAFLEX provides effective muscle relaxation on an average dosage of only 6 tablets daily. The benefits from a single dose of PARAFLEX persist for about six hours. Useful in a wide variety of traumatic, rheumatic, and arthritic disorders, PARAFLEX usually lessens spasm and pain without producing side reactions. SUPPLIED: Tablets, scored, orange, bottles of 50. Each tablet contains PARAFLEX, 250 mg.

\*Trade-mark tU.S. Patent Pending

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Against the WHOLE Vaginitis Spectrum



### Vaginal Suppositories

A clinical study including 510 patients with vaginitis of trichomonal, monilial or mixed bacterial (nongonococcus) origin showed that Milibis Vaginal Suppositories promptly stopped leukorrhea and promoted restoration of normal vaginal flora in 94% of the cases.

\*Shanaphy, J.F.: New York Jour. Med., 55:1335, May 1, 1955.

Milibis Vaginal Suppositories are well tolerated, easy to use (1 every other night), well accepted by patients.



Sanitary · Assures correct placement.

Winthrop LABORATORIES

Atilibis (brand of glycobiarsol), trademark reg. U.S. Pat. Off.

#### News · News

ance: The Tax Court recently ruled that their sale does bring a capital gain.

But in a case involving an annuity policy, the Court of Claims has ruled that the profit from the policy's sale did not qualify as a

capital gain.

"Until the conflict between these decisions is resolved," one tax expert now says, "anyone who sells a policy before maturity hoping to realize a capital gain should be prepared for the expense of a possible lawsuit."

#### Give Death More Dignity, This Surgeon Urges

What's your proper role when attending a moribund patient? It's to balance human and medical considerations, says Dr. John J. Farrell, chairman of the department of surgery at the University of Miami School of Medicine.

Dr. Farrell is concerned that modern medicine may have reduced dying to an impersonal struggle between mechanical contrivances and illness. "As a child reading Biblical stories," says Dr. Farrell, "I was much impressed with the dignity of death: a patri-

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arch surrounded by his children and his children's children, sorrowing but eager to hear the last wise words of counsel dropping from the dying lips.

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"What troubles me is that, as a surgeon, I have rarely witnessed such a scene. If a patient has a right to die as well as a right to live, he has a right to dignity in either instance.

"The deathbed scenes I witness are not particularly dignified. The

### News · News · N

family is shoved out into the corridor by the physical presence of intravenous stands, suction machines, oxygen tanks, and tubes emanating from every natural and several surgically induced orifices. The last words [of] the patient . . . are lost behind an oxygen mask."

Many younger doctors are pondering the human aspects of the deathbed situation, Dr. Farrell

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says. "Frequently," he reports, "my surgical residents come to me actually troubled and concerned. Mr. So and So has widespread metastases and is bleeding; how vigorously should he

be treated? . . . How much or how little therapy is ethically or morally proper? What about hospital bills?"

Whatever the right answers, Dr. Farrell con-



Farrell

cludes, the questions show that such surgeons are commendably conscious of their roles as both "doctors and humanitarians."

#### Hospital Checks on M.D.s' Malpractice Coverage

Your malpractice insurance is your hospital's business too. Why? Because if you're not properly covered, a claimant may try to collect from the hospital instead. Recognizing this, some hospitals have started checking to make sure every staff member has enough of the right kind of insurance.

The Little Falls (N.Y.) Hospi-

tal did this not long ago. According to the administrator, here's what it found:

"Two surgeons...were not properly protected... One of our younger doctors did not carry any form of malpractice insurance. Our pathologist did not carry malpractice insurance, although he was doing bone-marrow aspirations in surgery..."

As a result of this check-up, "all doctors are now covered properly." What's more, says the administrator, they are "grateful for our help."

### Health Insurance Without Fee Schedules 'Doomed'

For some years now, insurance companies offering major medical and semicomprehensive health insurance have been trying to get along without fee schedules. They've paid their full share of policyholders' medical bills no matter what the doctor charged. But "within the next few years... the insurance industry is going to be forced... to go back to surgical schedules," according to A. B. Halverson, vice president of the Occidental Life Insurance Company of California.

'Do

What's causing this retreat? First, says Halverson, overcharg-

Doctor, I feel like something the cat dragged in."

When the patient complains of such symptoms as loss of appetite, weight loss, fatigue and/or underweight...
When you suspect a concomitant nutritional iron deficiency...
Counteract this "run-down syndrome" with

TROPH-IRON\* TABLETS B12-Iron-B1

Also available: "Troph-Iron' Liquid for the underpar child, or for adults who prefer a liquid medication.

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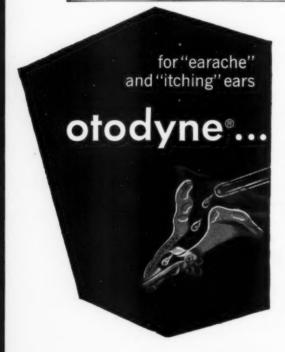
### · News · News

ing by doctors. "The doctor is only human, and he feels his services are worth what the traffic will bear," says Halverson. "Actually, if we could all set our own salaries. I think we would all pay ourselves more than our employers think we're worth . . . There must be some maximum."

Second, the insurance companies are under pressure from the courts to pay off according to fe schedules.

As an example, Halverson cite. this recent case:

A doctor had performed a wedg resection on a well-to-do citizen in Beverly Hills, Calif. According to the state medical society's relative value scale, says Halverson, the procedure would normally cost \$375, "If we double that for Beverly Hills, we would have \$750. But." Halverson reports, "this doctor



Otodyne brings gratif symptomatic relief in sin "earache" and in pr conditions of the ext ear canal.

Quick-acting Zolamine d effe and long-acting Euculin in (0.1%) are combined ( polyethylene base wit does not obscure anati-tend landmarks.

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In 15 cc. dropper bottle cc. con

White Laboratories, Inc. Kenilworth, N. J.

felt that his services were extraordinary. So he charged \$3,500."

The case went to court, and the judge finally allowed the doctor \$2,500. But "the point I want to bring out," Halverson concludes, "is that the judge and the attorneys were very critical of the insurance companies for not having a surgical fee listed in their policy." They observed that the policy "did not give the claimant any knowledge of what was reasonable or what he

could expect, and it did not limit the company's liability."

Eventual upshot, as Halverson sees it: an end to no-fee-schedule health insurance.

#### How to Get Along With Public Health Men

Mention public health to some doctors and they see red. "The public health department in my town," they tell you, "interferes with my

#### in otitis externa and chronic otitis media

gratif acterial-antifungal ear drops

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amine of effective against the bacteria and fungi g Euculin infections of the external ear canal.

> nonirritating, essentially nonsensitizing tends to reduce congestion and maceration

does not distort otologic landmarks
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r bottlet. contains: Neomycin (as sulfate)....3.5 mg, Sodium propionate......50 mg.

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practice and promotes socialized medicine."

Yet it needn't be that way at all, says Dr. James D. Weaver, president-elect of the Pennsylvania Academy of General Practice. Private physicians and public health doctors get along fine together if they take these four steps first:

1. Draw public health physicians into the county medical society.

"Where professional intercourse occurs." Dr. Weaver says, local practitioners and public health men both "can learn of the others' desires and needs."



Weaver

2. Inform private practitioners of what the public health programs are trying to achieve.

3. Get private physicians to act as consultants in local public health programs. Then, says Dr. Weaver, "when needs are found within the community, they can be fulfilled by existing facilities rather than by duplicating facilities."

4. Insist that public health programs be under local control. Dr. Weaver reports that "in Pennsylvania there has been a decentralizing . . . The State Health Department has placed itself in the capacity of an adviser." As a result, "we have numerous local facilities which vary in our communities, according to the need of each community. One city may have a tuberculosis clinic, another a rheumatic-fever clinic, still another a cleft-palate center."

#### Ex-British M.D. Tells How To Keep Medicine Free

Are American doctors headed toward something like Britain's National Health Service? A doctor who has practiced in both countries says they are, "if the politicians get hold of medical practice" in the United States.

Socialized medicine came to Great Britain ten years ago because of several factors "similar to those present in the United States today." That's the way the situation seems to Dr. Mark Conway. He had two years' experience with Britain's N.H.S. before he moved to Hartford, Conn., where he's now practicing.

Dr. Conway warns American doctors to avoid two mistakes he says their British colleagues made:

1. They were too "preoccupied

non-steroid therapy of asthma and emphysema

## oral ELIXOPHYLLIN



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Just as with I.V. aminophylline,\* high theophylline blood levels reached in minutes — from a single dose.\*



After absorption, theophylline is slowly eliminated. Therapeutic blood levels endure for hours.\*



This predictability of blood levels permits quite constant therapeutic blood levels night and day, providing relief of wheezing, dyspnea, cough, and protection against acute attacks for most patients.\*

DOSAGE: First two days:

45 cc. (three tbsp.) on arising;

45 cc. (three tbsp.) on retiring;

45 cc. (three tbsp.) once midway between above doses (about 3 P. M.)

Therapeutic blood levels
Sub-therapeutic blood levels

After two days of therapy the size of doses should be slightly decreased. Each tablespoonful contains: theophylline 80 mg., alcohol 3 cc. Prescription only—bottles of 16 fl. oz.

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Detroit 11, Michigan

\*Reprints of these studies on request.

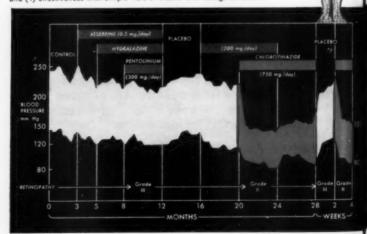
## Investigator after investigator reportine

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide " " . . it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). . . "

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137. Jan. 11, 1958.

\*Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used. (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules'



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa. MSI



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(CHLOROTHIAZIDE)

# Hypertension

### as simple as 1-2-3

- INITIATE THERAPY WITH 'DIURIL'. 'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.
- ADJUST DOSAGE OF OTHER AGENTS. The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.
- ADJUST DOSAGE OF ALL MEDICATION. The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.
  - SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' is a trade-mark of Merck & Co., Inc.

ber. 1957

Smooth, more trouble-free management of hypertension with 'DIURIL'

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with [the] practice of medicine to worry . . . much about the politics of medicine":

2. They had "idealistic hope" for state medicine, but were caught unaware by "the tremendous increase in work occasioned by the public's wanting something for nothing."

What does the former British physician recommend as an alternative to state medicine? He favors a "prepaid medical scheme [in which] . . . the patient should be made to feel responsible . . . The patient should [pay] for the first portion of any medical bill." Benefits wouldn't cover home and office treatment of "occasional illness," because "the general public is well able to afford this type of care without recourse to insurance."

Dr. Conway gives three rules for making his deductible health-insurance plan work:

¶ The organization that writes and administers the program must not be associated with any government or political agency.

¶ Practicing physicians must have full negotiating powers.

¶ Standard payments should be established by majority consent of local physicians through their medical organizations.

Where do today's insurance plans fit in? Dr. Conway suggests that the Blue plans as we now know them could be modified to include his proposals.

#### Nonprofit Researcher Is **Denied Tax Deduction**

Doctors who use spare time for research projects may feel the effects of a recent Tax Court ruling if they try to deduct their research expenses on their income tax returns. The Court disallowed one researcher's deductions because it found that she had been motivated solely by humanitarian reasons, with no hope of monetary gain.

The case in point concerned Matilda M. Brooks, Ph.D. Until marrying a University of California professor, she had been a salaried research scientist; after marriage she continued her research activities without pay for about twenty years. Among the subjects she has investigated are: air sickness; arsenic, cyanide, and carbon monoxide poisoning; and abnormal cell development. Her discoveries in these fields have won her considerable medical acclaim.

Her tax troubles arose when she listed travel expenses as income



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tax deductions. She had made two trips to Europe in connection with her studies of cell growth. The Internal Revenue Service conceded that they were bona fide research expenses. But it contended that there were no grounds for a deduction, since Dr. Brooks had not intended to profit financially from her research.

The Revenue Service's reasoning was upheld by the Tax Court. Said the judge: "Her desire to benefit mankind [was] commendable in the highest sense, but... without favorable tax consequences."

The moral for doctors? One tax authority puts it this way: "If research has tax importance to you, be prepared to justify its relationship to your earning power as a physician."

#### G.P.s Chided for Their Linguistic Malpractice

Before G.P.s set up their muchtalked-about American Board of General Practice, suggests the magazine Modern Hospital, they ought to recognize "a more pressing need for another kind of board—one which will certify that a doctor knows the English language before he starts writing for medical journals."

What roused Modern Hospital's ire was a printed symposium on the proposed G.P. board. In the text "there were four references to 'diplomats' of specialty boards." The magazine comments: "A diplomat, doctors, is one employed or skilled in international diplomacy. One who holds a diploma from an institution of learning is a diplomate.

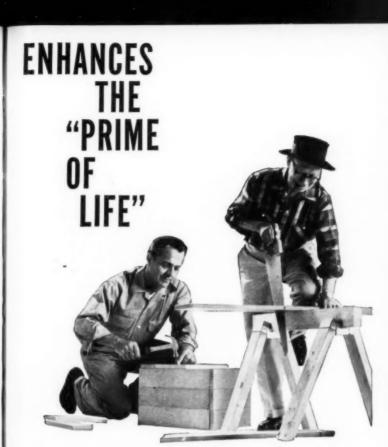
"Doctors who don't know the difference," it concludes, "whatever their other qualifications, should not have publication privileges in the journals of a learned profession."

#### Eye Bank Tells How To Make Donations

If one of your patients wants to leave his eyes to restore sight to a blind person, you'd better advise him not to say so in his will. By the time the will has been probated, it's usually too late to make use of the gift.

Mrs. A. Carl Competello, executive director of the national Eye-Bank program, gives these suggestions for would-be donors:

¶ A prospective donor should get a copy of the booklet, "A Gift Like the Gifts of God," from The Eye-Bank for Sight Restoration,



## MI-CEBRIN

(Vitamin-Mineral Supplements, Lilly)

comprehensive dietary support for healthy tissue metabolism



MEDICAL ECONOMICS - OCTOBER 13, 1958 45

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### News · News

Inc., 210 East Sixty-fourth Street, New York 21, N.Y.

The donor and his next of kin should sign the eye-donor pledge in the booklet and send it to the Bank. The pledge is a legal instrument which makes the donor's eyes available immediately after his death.

Says Mrs. Competello: "More than 20,000 persons, blind from corneal defects, are waiting to have their sight restored or improved by the generosity of those who sign the correct eve-donor pledge."

#### Child Patient's Query Stumps the Experts

Think you know anatomy? Then perhaps you can help the Cleveland doctor who was awakened early one morning by a call from a young mother. She reported that



## WITH THE FIRST DAY'S DOSE

you'll see renewed vitality-even before you lient, notice the "tonic" effect of ALERTONIC vitamin ains a mineral supplementation. TRADE MARKET ! MERTING. ! MERTING.

her child had just demanded: "Why do men have nipples?"

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The doctor referred the matter to the Cleveland Academy of Medicine. Latest report: "We are still doing research on it."

#### M.D. Degree Boosts an Administrator's Pay

Hospital administrators who have studied medicine tend to be better paid than those with other backgrounds. In fact, those with medical educations average about 38 per cent higher salaries. This finding stems from a survey of administrators' salaries made by Modern Hospital magazine. Other things the study disclosed:

¶ Administrators' median salary is \$8,500. The reported salaries range from \$2,100 to \$30,000.

Administrators who studied medicine have a median salary of \$13,760. MORE

#### **OSE**...BRIGHTEN THE OUTLOOK

ALERTONIC alerts the listless, blue pare you lient, brightens his outlook fast, conamin ains a safe, effective psychic energizer.\*

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#### ... NOURISH THE BODY

Supplementary B-vitamins and minerals give a needed lift to poor appetite and metabolism.

rescription only. One tablespoon t.i.d. Professional literature and samples on request. Write Dept. AT

#### the battle won in the classroom . . . is oftenest

'Combid' Spansule capsule therapy controls both the psychic and physical factors in ulcer and other g.i. disturbances, and helps your patients to maintain "g.i. equilibrium."

#### 4 Important Advantages:

- q12h convenience—just one capsule in the morning, one at night,
  for 24-hour protection
- potent anticholinergic action—due to Darbid<sup>†</sup>, S.K.F.'s inherently long-acting anticholinergic
- potent tranquilizing action—due to Compazine<sup>5</sup>, S.K.F.'s widely prescribed tranquilizer
- potent antiemetic action of 'Compazine'—quickly relieves nausea and vomiting



'Compazine', 10 mg.; 'Darbid', 5 mg.

Smith Kline & French Laboratories, Philadelphia



\*T.M. Reg. U.S. Pat. Off.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

‡Trademark for isopropamide, S.K.F.

§T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

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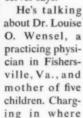
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The best-paying area for administrators is New England, with a reported \$13,000 salary median.

#### **Woman Doctor Challenges** Virginia's Senator Byrd

Yes, doctors do have a place in politics, according to one Virginia political analyst. "Maybe it'll be a doctor who'll buck the Byrd ma-

> chine successfully," this observer says.





Wensel

angels-and Republicans-fear to tread, Dr. Wensel is campaigning hard for Harry F. Byrd's place in the U.S. Senate. She's running as an independent; and besides Senator Byrd, her only opponent is a Socialist. The Republicans didn't nominate anybody.

Why does a doctor make an ideal candidate under these circumstances? Says this political analyst:

"Ordinarily, it means economic suicide for a candidate to oppose such an entrenched machine. But a doctor seems to be an exception. People accept such a candidate as a crusader. Also, the one-man business arrangements of the medical profession make a doctor more independent than, say, the operator of a trucking business."

Dr. Wensel says she's running only because no one else seemed willing to do it. Her campaign is directed against some of the shibboleths of Virginia politics. For instance, she's opposing the state's program of "massive resistance" to public-school integration. Another target: Virginia's poll tax.

#### Tax Tip for Investment Clubs: Incorporate

Investment clubs-groups of friends and colleagues who pool funds for regular stock purchases —are attracting many physicians.\* If you're among those who've found them a good way to invest, you may want to suggest that your club look into the tax advantages of incorporating.

The big advantage, as pointed out by The J. K. Lasser Tax Report, is that dividend income rein-

<sup>\*</sup>See "What an Investment Club Offers You," MEDICAL ECONOMICS, Mar. 17, 1958.

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Offers , 1958. the first concern in patient after patient





control without narcotics

pain as effectively as does codeine, but its use is free from the well-known liabilities of codeine.

2 Zactirin tablets are equivalent in analgesic potency to ½ grain of codeine plus 10 grains of acetylsalicylic acid.

Zactirin is non-narcotic.

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Zactiri



Ethoheptazine Citrate with Acetylsalicylic Acid



Supplied in distinctive, 2-layer yellow-and-green tablets, bottles of 48. Each tablet contains 75 mg. of ethoheptazine citrate and 325 mg. (5 grains) of acetylsalicylic acid.

## s · News · News

vested by an incorporated investment club generally is taxed at 4.5 per cent, and in any case not in excess of 7.8 per cent (until it accumulates beyond the \$100,000 mark, when the rate goes up). On the other hand, dividends that are reinvested by a nonincorporated club must show up on the members' tax returns and are subject to personal income taxes.

Here's an illustration of how much the tip can be worth:

Let's say eleven doctors, each netting an income of \$20,000 and filing a joint return, form an investment corporation with \$50,000 (about \$4,500 apiece). The money is put into stock yielding 5.2 per cent, and earnings are reinvested. At the end of ten years, the capital will have earned \$31,000 after corporation taxes.

If the members liquidate, they'll have to pay capital-gains taxes. But even so, they'll be left with a net profit of \$25,100 to split up.

If the doctors hadn't incorporated their investment club, personal income taxes would have reduced the profit to about \$18,000.

The example omits the costs of incorporating. It's a procedure that calls for professional help. And doctors who incorporate face other requirements too. For instance: Under Federal regulations, an incorporated investment club must have eleven or more equal stockholders and continue in existence for more than three years.

Nevertheless, investment men say incorporating is worth study because of the way it can stretch profits.

#### Collection Rx: Suggest A Payment Schedule

Want to improve your collection ratio and keep patients happy at the same time? Then make it a practice to help them plan the best way for paying major fees. That's the advice of Geoffrey Marks, professional management counselor in Seattle, Wash.

If you discuss payment arrangements as soon as you name the fee, you'll relieve patients of a major worry, Marks says. In fact, "the manner in which a fee is to be paid generally is the cause of more concern to the patient than the ... amount."

Doctors who ignore this concern, he says, open the door for delinquency. Here's how:

When the bill comes, the patient may not be able to pay it in full. He worries that a partial payment APPETITE

SHRINKS
THE
APPETITE...AT THE HUNGER PEAKS

## BONTRIL

Curbs excessive desire for food Helps to ease bulk hunger Reduces nervous tension hunger

#### Each tablet contains:

Dextroamphetamine Sulfate...5 mg. Methylcellulose ........350 mg. Butabarbital Sodium......10 mg.

#### Dosage is flexible:

%, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and 4 P.M.

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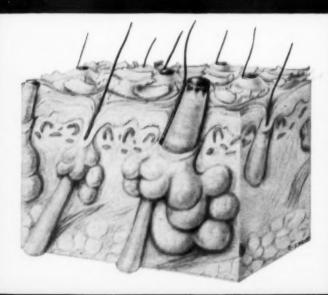
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cut treatment time in half using half the amount of vitamin A in acne, eczemas, dry scaly skin

## aquasol A

the original <u>aqueous</u>, natural high-potency vitamin A in <u>capsule</u> form



hyperkeratosis, desquamation and comedone formation with resultant follocular plugging

#### Aquasol A capsules are aqueous

far faster, more complete absorption of their water solubilized vitamin A (up to 300% higher blood levels as compared with oily vitamin A).

## Aquasol A capsules contain <u>natural</u> vitamin A for faster, better utilization.

Natural vitamin A provides all known and fully utilizable physiologically active isomers of vitamin A—as compared with synthetic vitamin A which affords only one isomer, an isomer requiring conversion in the body before it can be utilized in certain enzyme processes.

Vitamin A has become an integral part of therapy in acne, chronic eczemas, excessively dry skin and other hyperkeratotic lesions. Why not use more effective, convenient Aquasol A capsules. Special processing of the natural vitamin A removes potential allergenic non-vitamin materials

three separate high potencies of

#### AQUASOL A CAPSULES

(water solubilized natural vitamin A) per capsule:

25,000 U. S. P. units

50,000 U. S. P. units

100,000 U. S. P. units

bottles of 100, 500 and 1000 capsules



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U. s. vitamin corporation . PHARMACEUTICALS

(Aritington-Funk Laboratories, division)

### · News · News

might be insulting to the physician. So he puts the bill aside until he can write a check for the full amount-a day that never seems to come.

Marks declares that this same patient would have been grateful to his physician for suggesting a specific schedule of payments that he could have met without hardship. And the chances are he would have paid, too, the management consultant adds.

#### Hospital Uses Goldfish To Keep Things Cool

The Dover (N.J.) General Hospital claims to be the only one in the world using goldfish in the air conditioning.

It came about because of an architectural error. Dover General is built in the form of two hollow squares, each four stories high. The courts that they enclose are roofed over, with kitchens and offices underneath.

All last summer the sun beat down on the courtyard roofs. People working in the rooms underneath sweltered. Finally hospital officials swung into action. They flooded the roofs with four inches of water. The water cooled things off, but it introduced a new problem: bugs. The bugs bred abundantly. And their cadavers clogged the drains.

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Then an ambulance driver came up with an idea. He got permission to put goldfish in the pools. Now the bugs are gone, the water's clear, and a favorite pastime of the patients is guessing how many goldfish there are.

#### 'More Than 50 Patients A Day Is Too Many'

How heavy a patient-load is too heavy? The state medical service in New Zealand recently answered that question for doctors there. It warned them that if they see more than fifty patients a day, they risk being investigated and losing some of their fees.

If there's a complaint that a doctor "has been . . . providing an unduly large number of daily services," the Minister of Health will ask the health service's Disciplinary Committee to investigate. If the Committee says the complaint is justified, the Government may limit the amount the doctor will be paid on future claims. The physician may apply for revocation of the restriction only after three months have passed. END respiratory infections gastrointestinal infections genitourinary infections miscellaneous infections

immediate therapeutic response

use

## SUMYCIN

Squibb Crystalline Tetracycline Phosphate Complex

#### INTRAMUSCULAR

with Xylocaine

250 mg. per 1 dose vial 100 mg. per 1 dose vial

m when oral therapy is contraindicated (vomiting, dysphagia, intestinal obstruction, gastrointestinal disorders)

- m when the patient is comatose or in shock
- m postoperatively
- 1. fast peak blood and tissue concentrations
- 2. high cerebrospinal levels
- 3. for practical purposes, Sumycin is sodium-free

Each vial contains tetracycline phosphate complex equivalent to 250 mg., or 100 mg., of tetracycline HCl. (Note: 250 mg. dose may produce more local discomfort than the 100 mg. dose.)

#### FLEXIBLE DOSAGE FORMS FOR CONTINUING ORAL THERAPY

	Tetracycline phosphate complex equiv. tetracycline HCI (mg.)	Packaging		
Capsules (per capsule)	250	Bottles of 16 and 100		
Half Strength Capsules (per capsule)	125	Bottles of 16 and 100		
Suspension (per 5 cc. teaspoonful)	125	60 cc. bottles		
Pediatric Drops (per cc20 drops)	100	10 cc. bottles		

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Squibb Quality-the Priceless Ingredient

SUMYCIN'S IS A SQUISS TRADEMARK AT.M. SASTRA PHARMACEUTICAL PRODUCTS, INC.

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#### BEFORE THE URINALYSIS, STOP THE PAIN: Pyridium relieves urinary tract symptoms of pain, burning, frequency

Pyridium relieves urinary tract symptoms of pain, burning, frequency and urgency in less than 30 minutes...is compatible with the antibacterial of your choice...a quick-acting analgesic for instrumentation or while awaiting surgery. Pain relief allows improved **PYRIDIUM** bladder function, reduces pooling of infected urine.



MORRIS SI AINS N .



Breaks through the treatment barrier of vaginal leukorrhea

## SEEKS OUT and EXPLODES the NOMAD TRICHOMONAD

The trichomonad likes to wander. It hides under debris and mucus, and burrows deeply into the crypts and crevices<sup>1,2</sup> of the vaginal vault "where the albumin normally present acts to protect many of the organisms from surface medication." <sup>11</sup>

For this reason, leukorrhea has remained most obstinate until the introduction of Lycinate vaginal tablets.



Lycinate
vaginal tablets
penetrate
from without
then
explode the
trichomonads
from within

Lycinate, in addition to its surface active medicaments, contains lysing agents which carry the protozoacide-fungicide, Diiodohydroxyquin, through mucopurulent discharge to reach even deep-seated pathogens.

Once in contact, Lycinate dissolves cell membranes, denatures cell proteins, penetrates the pathogens, causing them to swell and explode.

beneriaces	enc	ha	6424	Per	EAGP?	-	 1011	46
Each tablet contain	ns:							
Diiodohydroxyquir	n						100	m
Sodium lauryl sull	fate						. 5	m
Dioctyl sodium su								m
Aluminum potassi								
Lactose								
Dextrose, anhydro	445						uca.	m

1. Davis, C. H., and Grand, C. G.: Continued Studies on the Treatment iff Trichomonas Vaginalis Infections, Am. J. Obst. & Gynec. ##:559 (Aug.) 1954.

 Weiner, H. H.; Treatment of Trichomonas Vaginitis, Clin, Med. 5:25 (Jan.) 1958.
 Supplied: Bexes of 50 with applicator

NEW Lycinate"

LLOYD BROTHERS, INC. . CINCINNATI 3, OHIO

Intravenous blood levels with rectal administration

## CLYSMATHANE

#### Disposable Rectal Unit

## An advanced method of theophylline therapy

For the alleviation of symptoms in bronchial asthma and the acute episodes of heart failure, Clysmathane (Fleet) supplies speedy and therapeutically adequate blood levels<sup>(1)</sup> of theophylline. Side effects, often associated with oral or parenteral administration, are minimized by the rapid rectal route provided by Clysmathane.

Dosage: One Clysmathane (Fleet) Unit as a retention enema before retiring or as directed.

Composition: Theophylline monoethanolamine (Theamin, Fleet), 0.625 Gm.; aqua, 37 ml. in single dose rectal dispenser. Prescription package of six individual units. Manufacturer's label readily removable.

(1) Ridolfo, A. S. & Kohlstaedt, K. G. "A simplified method for the rectal administration of theophylline," to be published. Ar

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Professional samples and literature on request, write:

C. B. FLEET CO., INC.





The new six-unit PRESCRIPTION PACKAGE of Clysmathane (Fleet) is more convenient to prescribe while assuring an adequate supply for patients, Disposable, single dose squeeze bottle is especially designed for self-administration... ready to use with prelubricated rectal tube. The manufacturer's labels are readily removable.

Whatever the peptic-ulcer regimen . . .

#### **ANTACID THERAPY** is fundamental



And AMPHOJEL-nonsystemic, nontoxic-provides time-proved fundamental therapy. It combines two aluminum hydroxide gels-one reactive, the other demulcent-for two specific purposes. The reactive gel promptly buffers gastric acidity. The demulcent gel promotes healing of denuded mucosa by forming a viscous, protective coagulum.

#### FUNDAMENTAL THERAPY IN PEPTIC ULCER



double gel for

Aluminum Hydroxide Gel, Wyeth

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The great operatic works of Rossini have been enjoyed by millions for many decades

## THINGS THAT ENDURE

Good things endure... a work of art, a literary classic, a proud bridge... a dependable pharmaceutical. Such is **Desitin Ointment.** For over 35 years Desitin Ointment has endured as an incomparable, safe way to prevent and clear up diaper rash ... and as a soothing, healing application in wounds, burns, external ulcers and other skin injuries.

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"Makes Dictation Easy as Talking to an Old Friend"



All controls are in the palm of your hand... with UNIMATIC REMOTE CONTROL MICROPHONE

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you never touch the Comptometer Commander.
Reports, forms, case histories, letters, are
handled as easily as talking to an old friend,
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hand with unimatic remote control microphone.
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Tor it's easy to transcribe as to listen, because, with perfect dictation, there's no need

for time-wasting, error-breeding pre-editing. Best of all, the Comptometer Commander, actually pays for itself over and over. The mailable Lifetime guaranteed Erase-O-Matic belt wipes clean, electronically, in a second, ready for re-use thousands of times. No recurring cost for belts, discs, or cylinders.

Learn how easy dictation can be-how anyone can turn out a greater volume of perfect letters easier, faster! Want proof? Mail the coupon.



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"... and switch Mr. Mason to Ascriptin, that new Rorer product. It stops the pain quicker, and won't upset his stomach."\*

\*ASCRIPTIN (aspirin buffered with MAALOX®) "... acts faster and produces higher blood salicylate levels compared with acetylsalicylic acid. It reduces pain more rapidly in arthritic conditions and simple headaches. In addition, patients who suffered from gastric irritation after aspirin were able to take Ascriptin in comparable dosages without any ill effects."

<sup>1</sup>Clinical and Blood Chemical Studies with Ascriptin. Feinblatt, T.M., et al. N.Y. State J. Med. 58:697, March 1, 1958.

ASCRIPTIN: Acetylsalicylic acid 0.30 Gm., with Maalox® (magnesium aluminum hydroxide gel) 0.15 Gm., bottles of 100 tablets. Samples on request.

WILLIAM H. RORER, INC., Philadelphia 44, Pa.

## **Medical Economics**

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, OCT. 13, 1958

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How

## To Retire On Tax-Free Income

It's not done with mirrors, but with 'immediate' annuities. An estate-planning specialist shows you how

By William J. Casey, LL.B.

Our Chicago-bound plane had just leveled off at 12,000 feet when I noticed that my seat companion was glancing through a medical journal. A moment later, he looked over and spotted the book on estate planning lying unopened on my lap. He beat me to the punch—started asking about my specialty before I could question him about his.

It wasn't long before he came to the point that really in-

THE AUTHOR is chairman of the Board of Editors of the Institute for Business Planning, Inc., New York City.

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terested him: "Without Social Security, we doctors have to do all our own retirement planning," he began. "We were discussing it at the hospital the other day. One of my colleagues said he was putting \$2,000 a year into a retirement annuity that'll pay him a fair basic income when he reaches 65. He advised all us 40-year-olds to go and do likewise. Do you think he was right?"

"No," I replied. "I wouldn't advise that kind of annuity—which is technically called a deferred annuity. True enough, it used to be quite the thing to do. But with the steady inflation we've had, deferred annuities have one big drawback: By the time you reach 65, the money you've invested in the early years may have lost half its purchasing power."

"What would you advise, then?" asked my new friend.

#### **Buy It Later**

"Well, if you're interested in annuities, I'd suggest you concentrate for the next twenty years or so on building up a fund through other kinds of investment. Then, just before you retire, you can buy what's called an immediate annuity. For a lump-sum payment of, let's say, \$25,000 to \$100,000, such an annuity starts paying income immediately. I often recommend it to older doctors because it offers them some definite tax advantages.

#### A Family Affair

"Furthermore," I went on, "you don't have to buy your immediate annuity from an insurance company. You can arrange one with a charitable organization, or even with a member of your family—your son, for example. This flexibility means you can adapt the contract to your own personal situation."

The doctor expressed great interest. So we spent the next hour on the subject. In this article you'll find a boiled-down version of what I told him.

Before we got down to specific cases, I explained why an immediate annuity can be so effective in retirement planning.

For one thing, I said, it pays an exceptionally high return to an older person. An ordinary investment yields the same return on the same amount of principal whether the owner is 5 or 95. But the older you are when you buy an tract, the incomes for can on his old ma cent re

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buy an immediate annuity contract, the higher your guaranteed income. Thus, a 65-year-old docor can get over 8 per cent a year on his investment. An 80-yearold man can get about a 17 per cent return.

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Then too, you pay little, if my, tax on annuity income. Since you're actually getting back your own money plus inerest, the Government treats all but a fraction of the income as anontaxable return of your captal. This, plus the fact that you get special exemption treatment after 65, often means you pay no ax at all on annuity income.

### **Retiring on \$100,000** How can you best combine

the above two advantages for effective financial planning? Let's examine some hypothetical cases. In each of them, I'll assume that the doctor has accumulated a retirement fund of \$100,000 (a neat, round figure for easy illustration) and that he's now 65 and ready to retire. For simplicity, my examples will show the income you'd get with-a straight life annuity. Such a contract pays income to you for life; but it returns nothing to

your estate. With a refund annu-

ity (which pays back some principal to your estate in case of your early death) or a joint-andsurvivor annuity (which continues to pay income to your widow), the annual return would be somewhat smaller. And it would vary according to the type of contract you bought.

### What an Annuity Can Do

So let's assume that our doctor will buy a simple, straight life annuity from an insurance company. He may use the arrangement in order to reach any one of the following goals:

1. He can double his income. Take Dr. Jones, a 65-year-old widower with no children. He now has his \$100,000 in a safe 4 per cent investment. Of his \$4,000 income, he keeps \$3,-752 after taxes. But he can get twice as much every year-and with absolute safety—by putting his money into an immediate annuity.

His \$100,000 capital will yield him about \$8,200 a year for life. Of that amount, \$6,542 is considered by the Internal Revenue Service as nontaxable return of capital. On the remaining \$1,-658, the doctor won't have to pay taxes either, since he gets

#### HOW TO RETIRE ON TAX-FREE INCOME

the special exemptions and deductions allowed after 65. So he won't lose a penny of his annuity income to the tax collector.

Of course, there'll be nothing left of the \$100,000 capital when he dies. But Dr. Jones is childless. He'd rather increase his income by \$4,248 a year than leave an estate to distant relatives.

2. He can finance an extra investment. Dr. Black also has

\$100,000 invested at 4 per cent. Now about to retire from practice, he has a hankering to buy a little business or take a flier in a speculative stock. But since his principal has to last him for life, he's afraid to risk any part of it. Here's his solution:

Knowing that he can get by on \$3,752 a year (after-tax income from the \$100,000 fund), he puts \$45,800 of the principal into an immediate annuity that



"But how will I know when I feel better? I always feel lousy!"

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For doctor setswill pay him at least \$3,752 for life. With his basic income secure, he can invest the remaining \$54,200 as he pleases.

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### Source of Pocket Money

3. He can free some capital without reducing income. Dr. Burke would like to take a trip around the world. By means of an annuity, he can swing it without reducing his \$3,752 income by a penny. (I'm assuming again that he's accumulated \$100,000 and that he's got it invested at 4 per cent.)

He takes \$10,000 of his capital (now earning \$400 a year) and divides it into two parts. With the first part, \$4,800, he buys an annuity that will pay him \$400 a year for life. That leaves him \$5,200 for his travel project. And his basic income isn't one bit affected by the expenditure.

4. He can transfer part of his estate. A wealthy 65-year-old can use an annuity very effectively to make a predeath transfer of part of his estate to his children. Such a shift can actually increase his current income.

For example, let's suppose the doctor has—among his other assets—\$100,000 in securities

paying 4 per cent. Because he's in the 50 per cent income tax bracket, he keeps only \$2,000 of his security income after taxes. Furthermore, he can't pass the entire securities package of \$100,000 along to his heirs. Estate taxes will reduce it to \$70,000.

The doctor has never made any substantial gifts before. But he now buys a \$30,000 annuity that will pay him \$2,460 a year before taxes and \$2,230 after taxes. And then he gives the remaining \$70,000 outright to his children.

### He Gets by Giving

As a result, the doctor has more after-tax income from the annuity than he got from the securities. His children have as much principal now as they'd have got when their father died. And if the doctor lives out his life expectancy, there'll be the following total gain:

The physician will have received \$26,760 after taxes instead of \$18,200.

¶ Presuming that his children are in the 30 per cent income tax bracket and that they accumulate security income at 4 per cent, they'll have \$97,500 when

their father dies. That's \$27,500 more than they could have expected without the predeath estate transfer.

The foregoing examples show how one type of insurance annuity can be adapted to different situations. Now let's consider the special advantages of a family annuity.

### Your Son as 'Banker'

Suppose a 65-year-old doctor with an adult son owns securities that cost him \$80,000. Let's say they're now worth \$100,000. He likes the idea of an immediate annuity. But if he sold his securities to buy one, he'd have to pay a \$5,000 tax on his \$20,000 of capital gain.

So instead of buying a commercial annuity, he makes a lifeincome contract with his son. He transfers the securities to the young man; in return, the latter agrees to pay the doctor \$700 a month for life.

Here are some of the tax advantages of the arrangement:

Just as with a commercial annuity, most of the doctor's income from the annuity will be nontaxable. He won't pay any capital-gains tax unless he lives longer than his life expectancy.

(He'll then pay a small gains tax piecemeal, year by year.)

Then, too, since the son has already received the property, there'll be no estate tax on the residue at the doctor's death.

Finally, if the annuity is properly set up, there needn't even be a gift tax on the transfer of the securities to the son.

That's the family-annuity idea, highly oversimplified. Obviously, any tool that cuts taxes so effectively can cut back at you disastrously if you misuse it. Probably no other estate-planning device is so dangerous in the hands of an amateur.

So if you're approaching 65 and would like to use the device, be sure you get a highly qualified estate-planning specialist to draw up your contract.

### Some Charities Do It

A third type of immediate annuity that appeals to many physicians is the charitable annuity. This works like a commercial contract, but with a twist of its own.

Instead of paying, let's say, \$50,000 to an insurance company for your guaranteed life income, you pay the money to a charitable organization. Many

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national church associations offer such annuities. Most widely advertised arrangement: the Salvation Army's.

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In a charitable contract, part of your principal is usually considered an outright gift. Thus, about \$39,000 of your \$50,000 may be the actual cost of the annuity. The remaining \$11,000 is a straight charitable contribution (deductible, of course, on your current income tax return).

The big attraction of such annuities is the fact that when you die, the remaining portion of your principal (if any) doesn't swell the assets of an impersonal insurance company. It goes to accomplish the work of your favorite charity.

That, in brief, is the charitable annuity. Like the other contracts we've discussed, it's a retirement device you may want to consider saving up for.

END



"I want blankets, sheets, plenty of hot water, and lots of change for the parking meter."



TAKE A LESSON FROM HESE

### 21. The Case of he

By Xavier F. Warren

EDITOR'S NOTE: Here's the twenty-first in a series of true incidents selected from the confidential file of a malpractice insurance company's claims adjuster. Although names and identifying details have been changed, the stories accurately portray recent cases.

Dr. Phil Stringley was a quiet, easy-going G.P. who hated arguments. "Let sleeping dogs lie" was one of his firmest policies. As a result he—and my insurance company—got badly bitten.

One June day he wrote a prescription for 1½-grain barbital capsules. The regular pharmacist, who long ago had learned to translate the doctor's shaggy scrawl, was off seeing his boy graduate from West Point. And the substitute pharmacist read "grams" for "grains." So the patient, a 17-year-old named Jimmy Crain, got fifteen times the prescribed dose.

Jimmy slept for ten hours and woke up feeling groggy and nauseated. His mother, alarmed, called Dr. Stringley right away. He came over, examined the capsules—and at once phoned the drugstore.

The pharmacist looked up the prescription. "Well,"

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he said, "now that I study your writing again, I see you did write 'grains.' Gee, Doctor, I'm sure sorry."

"Never mind," said the doctor, "No real harm's done. Just forget it."

Hanging up, he returned to the bedside with a reassuring smile. "Seems those capsules are stronger than necessary," he said. "But they're easily counteracted." And he gave the boy an intravenous of picrotoxin.

That night, the pharmacist phoned the doctor at home. He was worried. "How's that patient, Doctor?" he asked. "This couldn't get one of us sued for negligence or malpractice or anything, could it?"

"Malpractice?" said Dr. Stringley. "Why—no, of course not. It wasn't enough of an overdose to really hurt him. I saw him again only an hour ago. I told him to go ahead and keep his bowling date. Don't worry about a thing."

-Then Dr. Stringley sat there thoughtfully for a few moments and did a little worrying on his own. Until the druggist had suggested it, the possibility of a malpractice claim arising out of this had never [MORE ON 266]



## Should You Run For Public Office?

Local citizens may start urging you. Better learn what it's like. Here's what happened to the professional and private life of one M.D.-politician

By Helen C. Milius

A political career avalanched out of the blue upon Dr. Edward E. Haddock, a busy 40-year-old G.P. in Richmond, Va. It overtook him on the way out of a drugstore. That was when the pharmacist flagged him down with: "Damn shame you doctors don't take more part in city affairs!"

The politically active druggist had been brooding over a list of candidates for appointment to fill a vacancy on the City Council. "I'd like to add your name to the list," he told Dr. Haddock.

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Tol mo put hou There were thirteen other nominees. Appointment seemed too unlikely for Dr. Haddock to dissent. Then the next day a delegation from the City Council backed him into a corner. He was trapped.

So in January, 1952, he began serving as city councilman. That meant shochorning a weekly Council meeting into a schedule already bulging with his practice, his family affairs, his church work, his activities in the Virginia Academy of General Practice. His first political speech backed fluoridation—and put it across. His first city ordinance set up an anti-rabies inoculation program. It passed unanimously.

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Encouraged, he agreed to run in the next election. An active citizens' association swung behind him. He won.

Then the squeeze tightened. A move developed to make him Mayor. For weeks he resisted it. But finally he found himself the only practicing physician in the United States heading a city of a third of a million inhabitants—capital of the state and cigarette-manufacturing center of the world to boot.

His Honor was in heavy demand. During the next two years, what with conventions, unveilings, banquets, the Tobacco Festival, the Confederate Ball, and other ceremonial occasions, Dr. Haddock dovetailed some 750 public appearances into his practice. He detoured from house calls to dedicate a new bus terminal, break ground

### SHOULD YOU RUN FOR PUBLIC OFFICE?

for a new armory, launch a pair of swans on a park lake, and present keys of the city to the King and Queen of Greece.

Soon his afternoon office hours had to go. Instead of seeing patients then, he raced to City Hall to accept a baby alligator from visiting Floridians—or maybe to flourish a golden broom before photographers to open a clean-up campaign. His home phone began ringing when a storm blew a tree across a taxpayer's porch, or when uncollected garbage attracted rats.

Then there was the policy-making grind. The city TB hospital, facilities for disturbed children—Dr. Haddock lost no time deciding policy on these. But how about the curb-and-gutter program? The ban on

Sunday funerals in city cemeteries? P.T.A. demands for more public schools? Constituents argued so hotly over these particular issues that several times the Mayor was obliged to hand out sedatives.

### The Baseball Fight

Dr. Haddock could have used a few sedatives himself during six hectic months when he was trying to get Richmond represented in the International League. Other baseball teams already in the League represented Montreal, Havana, and other cities twice Richmond's size. His Honor marched at the head of a public demonstration, carrying a placard. He was caught up in whirlwind flights to Montreal, radio appeals for funds,



HE TYPIFIES THE 20 PER CENT of the medical profession who've run for public office—except that he's had more success than most. Dr. Ed Haddock has put in seven years as Councilman, Mayor, State Senator. He's won important medical campaigns, lost patients over nonmedical issues, kept his practice going through it all.

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since proter. right gat Haance ing sponsorship of an exhibition game with the New York Yankees. When success depended on guaranteeing \$200,000 at one day's notice, he mortgaged his house to fatten the kitty.

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In Richmond's triumphal first International League game of the season, who else should pitch out the first ball? No one else but Ed Haddock.

That fling at baseball built up his two-year travel total to seventy-five days away from the city—and from his practice—on official business. Compensations: He was a guest at the White House and at the Mardi Gras. And newspapers praised him as "something of a miracle man."

### On to the Senate!

In the 1955 elections a flood tide of popularity easily floated him into the State Senate. There the tide turned.

He hit the stormiest sessions since Reconstruction days and promptly became a storm center. The hot issue was states' rights in connection with segregation in public schools. Dr. Haddock championed compliance with the public-school ruling of the Supreme Court. He

violently opposed the "massive resistance" doctrine that was adopted by Virginia. But in the State Senate he stood almost alone—and in hot water at that.

The leading Richmond newspaper had previously called him "vigorous and dynamic." Now it dubbed him "gauche." It refused to publish a controversial speech he made. (The Washington Post, however, lauded him as "increasingly the voice of Virginia's conscience.")

Senator Haddock pressed for laws to quarantine carriers of TB in a communicable stage, to stiffen penalties for drunken driving, as well as to prevent the closing of the public schools. Most of his bills bogged down in opposition. But when the Senate adjourned last spring, he was still slugging.

### Economic Effects

In the meantime, what has happened to his practice?

At first it fell off.

"I made a mistake," Dr. Haddock recalls. "I thought an associate would be necessary. But when I turned patients over to him, they figured I'd have no more time for them. Some switched to [MORE ON 270]

Let others worry about this Age of Conformity. You can be glad that . . .

# Are DIFFERENT

... and these pictorial statistics prove it

In these days of declining individualism, it may please you to know that your habits, tastes, and interests aren't like those of most other Americans. Just how different are you? Quite different, statistics show.

For instance, you weigh twelve pounds more than the typical American male. And you have at least one more child than he does. (If, that is, you're a "typical" physician—perhaps in itself a contradiction in terms.)

Of course, you're not different in *all* respects. Steak's your favorite food; it's also your neighbor's. Nearly three out of five doctors smoke. So do a similar number of adult males. But, by and large, doctors stand apart. You'll find this mass individualism documented on the next few pages.

Statistics for the typical physician have been drawn primarily from recent MEDICAL ECONOMICS surveys. Figures for the typical American come from such sources as the U.S. Government and the American Institute of Public Opinion. Comparisons are as exact as statistics allow.

### As Workers

### YOU'RE MORE INDEPENDENT:

More than 75 per cent of active physicians are self-employed.

Only 10 per cent of all full-time American workers are self-employed.

#### YOU WORK LONGER HOURS:

Typical M.D. works 60 hours a week. Typical U.S. worker works 41 hours.

#### YOU'LL RETIRE LATER-IF AT ALL:

14 per cent of self-employed physicians retire at 65.

58 per cent of all U.S. male workers retire at 65.

#### YOU EARN MORE:

Typical physician nets about \$16,000 a year before taxes.

Typical American family earns about \$5,000 before taxes.

### YOU'RE BETTER SATISFIED:

90 per cent of physicians would choose medicine if picking a career again. Only 55 per cent of all U.S. workers would pick the fields they're now in.

MORE

### As People

### YOU'RE TALLER:

Typical physician stands 5' 10". Typical American male stands 5' 9".

### YOU'RE HEAVIER:

Typical physician weighs 170. Typical American male weighs 158.

#### YOU DIET MORE:

50 per cent of U.S. physicians have been on a diet at one time or another. Only 17 per cent of American males have.

#### YOU SLEEP LESS:

Typical M.D. sleeps seven hours a night. Typical American male sleeps between eight and nine hours.

### YOU PREFER A DIFFERENT SPORT:

Favorite sport of doctors is golf. Favorite of other U.S. males is fishing.

#### YOU PREFER A DIFFERENT CARD GAME:

Bridge is the medical man's favorite. Poker is preferred by other U.S. males.

### As Householders

#### YOU MARRY OLDER:

Typical physician marries at 26. Typical American male marries at 23.

### YOU'RE MORE OF A HOMEOWNER:

84 per cent of physicians own their homes.

Only 60 per cent of all U.S. house-dwelling family heads own their homes.

#### YOUR HOME IS WORTH MORE:

Typical physician's dwelling is worth \$35,000.

Typical American homeowner's is worth \$11,000.

#### YOU HAVE MORE CHILDREN:

Typical physician-father has three children.

Typical American family has one or two.

### YOUR PET MARITAL PEEVE DIFFERS:

Physicians most often complain about their wives' extravagance.

Other American males most often complain about their wives' bad tempers.

MORE

### As Car-Owners

### YOU OWN TWO CARS:

60 per cent of physicians own two or more cars.

Only 13 per cent of all American families own two.

#### YOU DRIVE MORE:

Typical physician drives 17,000 miles yearly.

Typical American driver drives less than 9,400 miles.

### YOU'RE A SAFER DRIVER:

Only 12 per cent of physicians had an automobile accident in one recent fiveyear period.

But 22 per cent of American drivers had some kind of an accident in 1957 alone.

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### YOUR POLITICS DIFFER:

56 per cent of physicians call themselves Republicans.

Only 33 per cent of all U.S. voters do.

### YOU'RE MORE APT TO VOTE:

97 per cent of physicians cast ballots in a recent Presidential election.

Only 63 per cent of all eligible voters did so.

#### YOU'RE MORE CIVIC-MINDED:

About 20 per cent of physicians have sought public office.

Only 6 per cent of all American males have done so.

### YOU GIVE MORE TO CHURCH:

Typical physician and family gave \$250 in one recent year.

Typical U.S. church member and family gave an estimated \$143.

### How Prevalent Is Figlith

There's still a lot of it. But signs are that it's been reduced materially since the College of Surgeons' big anti-fee-splitting campaign. Here's a report on what MEDICAL ECONOMICS has found

Five years ago, when the American College of Surgeons' campaign against fee splitting was in full blast, a reporter asked the College's director, Dr. Paul R. Hawley, if he thought there were doctors who would split fees and perform unnecessary surgery "just for the sake of money."

"I don't think it—I know it!" said the ever-outspoken Dr. Hawley. "And I can prove it. I can point out communities where almost every surgical case involves fee splitting."

The College's campaign against the paying of commissions for surgical referrals kept the profession stirred up for at least two years. The opening gun was fired at a New York

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John R. Lindsey and Pearl Barland

press conference on Sept. 24, 1952. Soon thereafter the College hired a special investigator. Surgeons were pressed to submit their financial records for audit. And the Internal Revenue Service announced it would no longer allow surgeons to deduct from their taxable income the fees they divided with referring doctors—at least in states that had laws against fee splitting.

The A.C.S. campaign came to a climax in 1953. Surgeons of one state—Iowa—were threatened with mass expulsion from the College unless they submitted to financial audits proving they didn't split fees. And at the A.M.A.'s annual session in 1953, Dr. Hawley himself was a special target of eleven angry resolutions—none of which was adopted.

It was a rip-roaring campaign while it lasted. But now that

the sound and the fury have died down, what were the lasting results? How prevalent is fee splitting today?

To find out, MEDICAL ECO-NOMICS staff members have been asking surgeons and medical men in different parts of the country whether they think there's less fee splitting now—or more. On the basis of the answers received and the experiences reported, it's possible to offer some broad conclusions. For example, there's a clear consensus that:

Fee splitting has been materially reduced in recent years. But how much, no one knows for sure.

Listen in on any medical meeting today, and you get the strong impression that fee splitting is less of a problem now. At the A.M.A.'s recent San Francisco session, no delegate spoke of fee splitting. No one called for reprimanding Dr. Hawley. No one indicated that split fees were still a major embarrassment to the profession.

Dr. Hawley himself thinks the situation has improved. But he prefers not to go into details. A spokesman for the American College of Surgeons says: "Dr. Hawley feels that the College has

done its job in airing the problems of fee splitting and unnecessary surgery."

The same spokesman adds: "The only honest generality that can be made about fee splitting is that it has diminished. How much, who can say?"

Leaders of the American Academy of General Practice also believe there's less fee splitting now. But they're reluctant to give the College of Surgeons credit for the decline.

"Yes, we feel there's less of it," says Mac F. Cahal, executive director of the G.P. Academy. "Less in this generation than the last; less in this decade than the last. But we've never been convinced that the problem was as monumental as the American College of Surgeons made it out."

"Of course," adds Cahal, "fee splitting is a little like fornication. Everybody knows it's going on, but nobody knows exactly how much."

Another man who's convinced there's been a steady decline in fee splitting is Dr. Stanley R. Truman. "It's just an opinion formed from talking to surgeons and others around the country," he says. But it's an [MORE ON 248]

### **OFFICE MANAGEMENT MEMO**

### From Morris C. Flanders



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rued thys. 81 Senior partner in the professional management firm of PM-Battle Creek (Mich.).

### **Rx for Bounced Checks**

It's bound to happen occasionally: A patient's check is returned to you marked Not Sufficient Funds. What's the best way to handle it? Here's how:

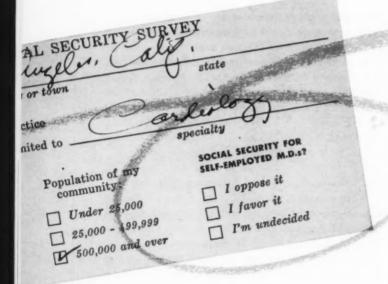
1. If the check is drawn on a local bank, have your aide telephone the bank once a week for a month. People who are careless about keeping track of a bank account may still replenish it quite regularly. As soon as the credit balance comes high enough, you can present the check and collect. If a local check hasn't been covered after one month, place it with the bank's collection department.

2. If the check is drawn on an out-of-town bank, place it with that bank's collection department right away.

When you place a bounced check with the collection department of the bank on which it's drawn, the bank puts a HOLD sign on the offender's account. Then, when funds come in to it, they'll be held for you.

Cost of this collection service? Very little. END

### HOW PHYSICIANS FEEL MOIBOU



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### **DIBOUT SOCIAL SECURITY**

This poll of a national cross-section suggests that the medical profession may have undergone a change of heart. Only three in ten of those surveyed now oppose Social Security for self-employed M.D.s

MEDICAL ECONOMICS' latest survey of a cross-section of the country's practicing physicians reveals that a majority now favor Social Security for self-employed M.D.s. Slightly more than 56 per cent of the queried men say they're for it; some 30 per cent say they oppose it; slightly fewer than 14 per cent say they still haven't got around to making up their minds.

These results suggest that there's been a shift in opinion since 1956, when this magazine conducted a similar survey. At that time, nearly 60 per cent of the respondents did *not* favor compulsory coverage for the profession.\*

On the following pages, you'll read a detailed report on this year's findings, along with a number of representative comments from the surveyed doctors.

<sup>\*</sup>Respondents in both surveys were given no choice between compulsory and woluntary coverage, for an obvious reason: Congress has made it clear that the only possible alternatives are compulsory Social Security and none at all.

### This Is the Questionnaire

### MEDICAL ECONOMICS, Oradell, N. J. June 30, 1958 Dear Doctor: How does the medical profession really feel about Social Security? In 1954 and 1956 MEDICAL ECONOMICS polled the profession and reported the results. Now, after two years, it's time for another sounding. Will you give us your opinion of Social Security? Please jot your answers on the attached card. It's being sent to a carefully selected cross-section of the profession, so your response will help ensure a representative return. May we hear from you shortly? Many thanks! Editor SOCIAL SECURITY SURVEY I practice in \_\_ city or town state I have: a general practice a practice limited to \_\_\_\_\_ specialty SOCIAL SECURITY FOR Number of years Population of my SELF-EMPLOYED M.D.s? in practice: community: I oppose it Under 10 Under 25,000 I favor it 10-24 25,000 - 499,999 I'm undecided 25 and over 500,000 and over

Above is a reproduction of the questionnaire and accompanying letter that was sent to 5,000 practicing physicians across the country (every twenty-seventh name on the M.D. mailing list).

COMMENTS:

Note the right-hand column of the questionnaire. To avoid any semblance of partiality, half the ballots were printed with "I oppose it" in top position; half were printed with "I favor it" in top p ings comi one l

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top position. Furthermore, mailings were so arranged that no community got many more of one kind of ballot than the other.

Of the 5,000 M.D.s who were queried, 3,358 took the trouble to reply. That's more than 67 per cent—an unusually high return for any mail survey. Scientific opinion samplers consider both the method of sampling and the number of returns more than adequate. So the findings may be said to reflect the feelings of a representative selection of America's private physicians.

### These Are the Over-All Results

56% favor Social Security coverage. 30% oppose it. 14% are undecided.

### Ballot Breakdown: Who Voted How?

The tables that follow show a breakdown of the doctors' votes according to field of practice, number of years in practice, and community size. Three aspects of the breakdown seem worth noting:

1. There's no significant difference between the opinions of G.P.s and specialists. A majority in both surveyed groups favor coverage for themselves.

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2. The only group of respondents that fails to give majority

support to coverage consists of those who've been in practice less than ten years. But they do support it by a sizable *plurality*.

3. The man most likely to want Social Security lives in a city with a population of at least 500,000 and has practiced for twenty-five years or more. The man most apt to oppose it lives in a community with a population of less than 25,000 and has yet to complete his first decade as a private practitioner.

### How M.D.s Feel About Social Security

### According to Field of Practice

	Favor It	Oppose It	Undecided
General practice	54%	33%	13%
Specialty practice	58	28	14

### According to Years in Practice

	Favor It	Oppose It	Undecided
Under 10	48%	35%	17%
10-24	57	30	13
25 and over	68	22	10

### According to Community Size

	Favor It	Oppose It	Undecided
Under 25,000	51%	35%	14%
25,000-499,999	54	32	14
500,000 and over	66	22	12

### Why Some Doctors Favor Social Security

Here are typical comments illustrating the chief reasons why 1958 respondents want it.

### 1. Everybody else has it.

From a New Hyde Park, N.Y., generalist: "It's not a question of whether Social Security is desirable. The question is: Since 90 per cent of the population have it, why don't we?"

From a Wabasha, Minn., G.P.: "Social Security is here to stay. As an isolated profession, we're accomplishing nothing by opposing it."

From a Johnstown, Pa., urologist: "I feel the entire Social Security unne But c the m

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"Ir ta premi benefi cial Se curity program is unsound and unnecessary in a free country. But doctors must go along with the majority."

### 2. It's inevitable. So why postpone its benefits?

From a Terre Haute, Ind., EENT man: "The trend toward socialism in the U.S. has gone too far to be reversed. The medical profession may as well get its collective feet in the trough."

From a Nyack, N.Y., radiologist: "In theory I oppose it. But I'm tired of paying for others while getting nothing myself."

From an Omaha, Neb., dermatologist: "Social Security isn't ideal. But there's no reason why physicians should be the only group paying for everyone else while at the same time refusing all benefits."

### 3. It's a bargain.

-

From a San Francisco G.P.: "I have small children. Where else can I get protection for my wife and family at a reasonable price?"

From an Ada, Okla., G.P.: "It takes a very high insurance premium to give one's family the benefits it could obtain from Social Security."

From a New Albany, Ind., ophthalmologist: "I understand it would cost \$55,000 in private insurance premiums to equal the amount of benefits I could obtain if I were covered by Social Security."

From a Miami, Fla., OB/Gyn. man: "I believe it to be a very inexpensive form of financial assistance in old age."

### 4. It's a downright economic necessity.

From a Haddonfield, N.J., G.P.: "I've seen several topnotch G.P.s die practically broke. The self-assured young man of today doesn't think it can happen to him, but..."

From a Vincennes, Ind., G.P.: "If we don't accept Social Security, we won't get the Jenkins-Keogh bill passed."

From a New York City internist: "With present taxes, it's almost impossible for most men to save for their old age."

From a Chicago anesthesiologist: "My associate died when he was only 37, leaving a wife and two kids. Because of his Army service, his wife now gets \$75 a month through Social Security. That's proof enough for me of the need for it." MORE

### Why Some Doctors Oppose Social Security

The following comments from the 1958 respondents illustrate the major opposing reasons:

### 1. It's dangerous Government interference.

From a Cincinnati G.P.: "Social Security is the ground war before the future socialization of medicine and eventually of all free enterprise."

From a Vandalia, Mo., generalist: "The less the Government is involved in our personal affairs, the better for all of us."

From an Atlanta, Ga., cardiologist: "The medical profession should continue to fight socialism. Unless someone does, the future outlook for America is black."

From a San Francisco radiologist:"I have no desire to become a ward of our irresponsible Government."

### 2. It's a bad buy.

From a Woodville, Tex., G.P.: "I'm doing much better with private insurance. At least I have a definite contract. And I can continue to work and still draw benefits."

From an Evansville, Ind., psy-

chiatrist: "The probability is that the Government won't be financially able to meet its obligations fifteen or twenty years from today."

From an Owensboro, Ky., pediatrician: "If you could be assured of collecting on it in spite of the income you earned at 65, it wouldn't be so bad."

From a New London, Conn., EENT man: "None of us would stop practicing soon enough to collect on it."

### 3. It's a poor substitute for Jenkins-Keogh.

From a Waynesboro, Va., G.P.: "I would much prefer a tax-exempt investment-retirement program. It would be much healthier for both personal and national economy."

From a Rutland, Vt., radiologist: "I'm in favor of a Jenkins-Keogh-style system of setting up retirement benefits so that the self-employed would get the same break as corporate employes."

From an Omaha, Neb., internist: "If we stay out and fight hard, we may still get something like the Jenkins-Keogh bill." MORE

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Suppos

for boy 15 hour six hour

**UNIQUE! NEW!** 

tablets - suppositories

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LAXATIVE

acts directly on colonic mucosa does not depend on systemic absorption

chemically different - pharmacologically unique clinically distinctive

- · prompt and predictable action
- Tablets: work overnight without disturbing sleep; taken before breakfast, act within six

Suppositories: produce evacuation in 15 to 60 minutes

- · acts directly on colonic mucosa
- virtually no contraindications
- · very well tolerated

60sage: Tablets: One to 3 (usually 2) at bedtime for bowel movement the following morning, or hour before breakfast for a movement within nix hours.

Suppositories: One at time bowel movement is required.

supplied: DULCOLAX® (brand of bisacodyl). Yellow enteric-coated tablets of 5 mg. in boxes of 6 and bottles of 100. Suppositories of 10 mg. in boxes of 6. Under license from C. H. Boehringer Sohn, Ingelheim.

GEIGY ARDSLEY, NEW YORK

### How the 1956 and 1958 Polls Compare

Two years ago, the physicians surveyed by MEDICAL ECONOMics were simply asked to choose between compulsory Social Security coverage and no Social Security coverage. They weren't given a chance to register indecision. Here's how they voted on the question of coverage for physicians: \*

> 40% favored it. 60% opposed it.

A comparison of the two surveys indicates that there's been a

September, 1956.

°For a detailed breakdown of findings in the earlier study, see MEDICAL ECONOMICS, marked decrease in opposition to Social Security.

The dip can't be explained by a notable switch in the thinking of any one segment of the surveyed physicians. Opposition to coverage seems to have decreased by nearly the same proportion among G.P.s as among specialists, among younger doctors as among older ones, among small-town men as among city dwellers. In other words, the decrease in opposition to Social Security seems to be professionwide. END

### Call the Vet

A young pediatrician I know prides himself on his way with children. All was going smoothly as he examined 4-year-old Johnny-until he said: "Now Johnny, please take a deep breath."

No response.

The doctor smiled fetchingly. "Breathe in and out and I'll give you a nice balloon," he offered.

No response. And none as the pediatrician offered two balloons, then a paper giraffe, then a plastic auto.

Finally the doctor played his trump card. "Johnny," he asked, "do you have a puppy dog?"

Johnny looked up and nodded. At once the doctor began to breathe in and out rapidly, "See," he panted, "make like your puppy dog."

Now Johnny smiled-and bit him on the wrist.

-JOSEPH ROSENTHAL, M.D.

### When to Charge Contingent Fees

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'You can't guarantee results—but you can guarantee to selected patients that they'll get their money's worth,' says this man

By William MacDonald, M.D.

Should fees sometimes be based on results?

Today's trend is away from such fee variations; and there are sound reasons to support the trend—notably, the need for establishing health insurance fee schedules. But it would be a mistake for anyone to think that fees should ever become wholly mechanical, wholly automatic, wholly according to the book.

Suppose a patient consults you about some persistent condition. Perhaps he's been to several other doctors and they haven't helped him. Suppose, through special training or experience, you are able to clear up his condition. Isn't

### FOR CONTROL OME



### ENOVID

Prolonged or excessive menstrual flow of functional origin can be from da treated both therapeutically and prophylactically with Enovid.

The supportive action of two tablets of Enovid on the endometrium synthetic usually checks abnormal bleeding within six to twelve hours. A daily G.D. So dosage of one or two tablets is then continued through the intermenstrual interval until day 25 of the cycle. The patient will menstruate approximately three days after discontinuance of therapy.

She is again treated with similar doses from day 5 to day 25 for two or three additional consecutive cycles.

### MENORRHAGIA



A similar regimen is employed if the patient is seen during the inemenstrual interval. Even though no bleeding is present a dosage of me or two tablets daily is administered until day 25. Therapy is resumed be from day 5 to day 25 for two or three successive cycles.

Each tablet of 10 mg. contains 9.85 mg. of norethynodrel, a new jum synthetic steroid, and 0.15 mg. of ethynylestradiol 3-methyl ether. laily G.D. Searle & Co., Chicago 80, Illinois.

ter-VID Oral Synthetic Endometropin uate

of norethynodrel with ethynylestradiol 3-methyl ether)

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Research in the Service of Medicine

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AWAY OFFENSIVE **ODORS** 



**NEW** No. 500 Patented Meter Valve Assures 500 Individual Measured Sprays.

Call your medical supply dealer for a demonstration

Manufactured by WOODLETS INC. 2048 Niagara Street, Buffalo 7, N.Y.

#### CONTINGENT FEES

that service worth more to him than an "average" fee?

The patient himself would almost certainly answer "Yes"that is, if his case were handled with appropriate tact.

You can't, of course, set such fees in advance. Nor can you surprise the patient later with a whopping bill. What you can do ahead of time is bring up the possibility of charging what your services turn out to be worth.

"My usual fee is x dollars a visit," you might explain, "but you're not a usual case. Perhaps it would be fairer if we delayed establishing the charges until we know the outcome. The total fee might then be somewhat higher than usual, or somewhat lower. depending on results."

Ultimately, if you help such a patient, you're justified in charging a higher-than-average fee. Conversely, if you don't help the patient, you're entitled only to minimum compensation.

With most patients, probably, a standard fee should be set in advance. But in special cases, I feel that the fee should be established in the light of the results. You can't guarantee results-no ethical doctor does; but you can sometimes guarantee to selected patients that they'll at least get their money's worth. END

# before...Fngran

just one Engran tablet daily helps to assure a nutritionally perfect pregnancy-at real savings to the patient

#### Each small capsule-shaped tablet provides:

waren annen and anne annah an address bud and and did	
Vitemin A	P. Unit
Vitamin D 500 U. S.	P. Unit
Vitamin K (as menadione)	0.5 mg
Thiamine Mononitrate	
Riboflevin	3 mg
Pyridoxine HCI	2 mg
Vitamin Bu Activity Concentrate	2 mcg
Folic Acid	0.25 mg
Niacinamide	20 mg
Calcium Pantothenate	5 mg
Ascorbic Acid	75 mg
Calcium, elemental	
(as calcium carbonate 375 mg.)	150 mg
fron, elemental (as ferrous sulfate exsiccated, 33.6 mg.j	10 mg
lodine, elemental (as potassium iodide, 0.2 mg.)	0.15 mg.
Potassium (as the suifate)	5 mg
Copper (as the sulfate)	1 mg
Magnesium (as the oxide)	6 mg
Manganese (as the suifate).	1 mg
Zinc (as the suifate)	1.5 mg.

ppty: Bottles of 100 and 1000. Also, Engran Term-Pak provides 270 tablets -

# and after... Engran baby drops baby drops

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for infants and children up to 4 years of age

pleasant-tasting full vitamin support \* in half the volume \* lasts twice as long



Each 0.3 cc. of Engran Baby Drops contain: Vitamin A. Thiamine Riboflavio Micotinamide 6 mg 35 mg. Vitamin C Pyridoxine HCI

dropper assures accurate dosage of 0.3 cc.

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Ever since the discovery of the therapeutic properties of aluminum hydroxide gel, Wyeth has been a pioneer in development of medicaments for peptic ulcer. Now, Wyeth research presents ALUDROX SA.

ALUDROX SA benefits the peptic-ulcer patient by providing complete medical management in one preparation. It relieves his pain, reduces his acid secretion, calms his emotional distress, promotes ulcer healing.

ALUDROX SA incorporates ambutonium bromide, an important new anticholinergic, to reduce gastric secretion and motility without significant side-effects or toxicity on therapeutic dosage.

For long- or short-term management—anticholinergic, sedative, antacid, demulcent, anticonstipant . . .



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# How'll You Pay Your

# Children's College Bills?

Higher education comes even higher these days. You can handle your youngsters' expenses more easily if you put time and interest to work for you. Here are ways to do it

By M. J. Goldberg

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"If Dad gets his son a college education today, he deserves a diploma as much as the kid does," says Columnist H. I. Phillips. "It takes valor, self-denial, overtime work, and a wife who waters the soup."

The fact is, the cost of higher education has more than doubled in recent years. The U.S. Office of Education says the tab for tuition, room, board, and incidentals now averages around \$2,000 a year. And many institutions are upping their rates every few years.

So if you're looking ahead, it's safest to figure on at least

BREAKTHROUGH

FOR THE PATIENT

BREAKTHROUGH

FOR THE PHYSICIAN

BREAKTHROUGH

FOR METABOLIC INVESTIGATORS

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THE UPJOHN COMPANY KALAMAZOO, MICHIGAN

PTRADEMARK, REG. U. S. PAT, OFF. - YOURUTAN

Freed needle freed worry reaction look for of life order

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group ity of manag associa stabil from shock.

It has tects the ela endog tion i beta of and pa the pla activities

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# ORINASE EPOCH

Freed from the encumbrances of needle syringe and sterilization, and freed from the tensions caused by worry about potential hypoglycemic reaction, the patient on Orinase can look forward to a more normal type of life in which his metabolic disorder is not complicated by the paraphernalia of injection.

For the newly discovered patient, the diagnosis of diabetes is no longer a commitment to a long sentence of injections. Families of diabetics can now assume a more normal way of life, unimpeded by social and economic disabilities and the personal demands of the metabolic invalid. This new era has opened for the majority of diabetics. Those most responsive have had onset of diabetes after 40 years of age and, if on insulin, generally require less than 40 units daily.

"Orinase-responsive" patients, as a group, usually enjoy a superior quality of control. With Orinase, the management of diabetes is smoother, associated with a feeling of greater stability and well-being, and free from the danger of hypoglycemic shock. Patients are more cooperative and can assume occupations from

which hormonal therapy might disqualify them.

New diabetics are easier to indoctrinate and to manage. Mild diabetics, who either personally object to insulin or whose diabetes is so mild as to make one hesitate to add insulin to the regimen, are both excellent candidates for Orinase.

It has been shown that Orinase corcets hyperglycemia by stimulating
the elaboration and release of native
endogenous insulin. Its administration in the presence of functional
beta cells results in changes in fat
and protein metabolism known to be
the physiologic resultants of insulin
activity. More recently several investigations have demonstrated that
the effects of Orinase upon hepatic
glucose release are none other than
those of endogenously produced or

endoportally administered insulin. These observations have been followed by the further realization that the liver may play a primary physiologic role in the mechanisms of insulin action. Experience with Orinase suggests a classification of diabetics into two apparently distinct groups—the Orinase-responsive or the "Orinase-positive" diabetics, and the "Orinase-negative" diabetics. It remains to be determined whether these will prove to be distinct clinical entities.

### PAYING YOUR KIDS' COLLEGE BILLS

\$10,000 to cover the four-year course. What's the best way to accumulate enough cash to swing the deal painlessly for each of your kids?

Of course, you may hope to pay all the bills from current income when the time comes. But you'll need to be both alive and prosperous in order to do so.

Ho ern hav if y the

	Ways to Build a Colle	ge Fund in	Fift
	Method	Annual Cost	Total Fun Die After
	Monthly savings-bank deposits	\$ 528	\$
12	\$10,000 15-year endowment on your life	623	10,
	\$10,000 15-year term policy	85	10,
	\$10,000 ordinary life policy	198	10,
V5>	Contract mutual fund (with \$5,000 of life insurance)	400	5,
V6	Educational trust fund	6,386 (1st year only)	6,



Insurance premiums shown are representative rates for a 35-year-old man. Bank-deposit and trust-fund interest is computed at 3 per cent.

How prosperous? One big Eastern university figures that you have to net over \$12,000 a year if you want to send your son there and support him as you go.

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And this estimate is for a family with just one child.

If your youngsters are already in their middle teens, you're no longer able to do much planning ahead. But let's assume you have at least one child who won't reach college age for another five to fifteen years. In such an event, you'll want to start putting aside the necessary money now. Here are possible ways to do it:

# **Monthly Savings**

1. You can bank periodic sums at compound interest.

Every month or so, some doctors make a point of depositing a fixed sum in a savings account earmarked for Junior's education. If your Junior will be ready for college in five years, a deposit of \$155 a month at 3 per cent compound interest will give you \$10,000 just when you'll need it.

If he still has fifteen years to go, you'll need to bank only \$44 monthly at 3 per cent to reach your goal. Or, if you prefer, you can put away regular amounts in Government savings bonds.

But a savings program has one big drawback: You can't be sure of living to complete it. In order

# d in Fifteen Years **Total Fund After 15** Cost Years If You Live 28 536 \$10,000 23 10,000 10,000 85 10,000 98 10,000 2,400 00 5,000 Value of shares at that time 36 10,000 6,576

true, long-acting anticholinergic therapy



unique "metered release" of GRADUMET







assures 8 to 12 hours' continuous effect







### no enteric coatings or layers

New Gradumet Tral has no enteric coating. Instead, the Tral is contained in a porous, resinous matrix. On contact with gastric fluid, nearly half the Tral dissolves and becomes available to the patient at once. The rest of the 50 mg. of anticholinergic is released slowly from the Gradumet over the next eight to 12 hours, as gastric and intestinal fluid gradually penetrate to the innermost recesses of the Gradumet.

### no fluctuations due to patient idiosyncrasies

Since there is no enteric coating, release of the anticholinergic is not affected by changing pH of the patient's gastric acidity... altered rates of gastric or intestinal motility... or increased enzymatic activity. Relief is constant and unvarying, with no periodic "bursts" of drug activity, no sharp drop-offs of drug action in between.



# no anticholinergic to be wasted

The Tral Gradumet contains 50 mg. of the active anticholinergic... and the entire amount of Tral is released from the Gradumet in eight to 12 hours. Thus, none of the drug is wasted: Your patient gets full benefit of the dosage from Gradumet Tral whenever an anticholinergic effect is indicated.

New Gradumet Tral, 50 mg., and Gradumet Tral, 50 mg. with Phenobarbital, 30 mg., are supplied at all pharmacies in bottles of 50 and 500. Filmtab Tral, 25 mg., and Filmtab Tral, 25 mg. with Phenobarbital, 15 mg., are supplied in bottles of 100 and 1,000. Complete literature, and samples, are available from your Abbott representative.

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# Unexcelled Effectiveness and Acceptability

# for VAGINITIS

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Vaginal Suppositories



Average desage: 1 suppository inserted every other night before retiring, for 10 doses.



Supplied in boxes of 10 with plastic applicator.

Sanitary · Assures correct placement.

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#### PAYING COLLEGE BILLS

to get around this drawback . . .

2. You can buy some form of life insurance.

One kind of policy that's specially tailored for guaranteeing college funds is the endowment contract. If you buy a fifteen-year endowment policy for, say, \$10,000, you can be sure the money will be there whether you live or die.

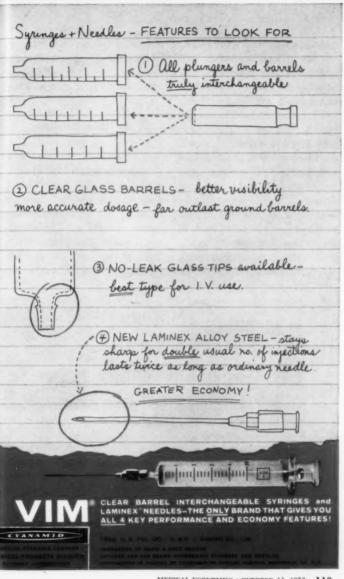
Only trouble: Such policies are pretty costly. For example, if you're now 35, one representative insurance company would charge you \$623 for a \$10,000 fifteen-year contract. Insurance authorities agree it's a risky business to buy such a high-cost plan if it means cutting back on basic insurance protection.

#### 'Pure' Insurance

So maybe you'd do better to get low-priced term insurance. If you're now 35, a fifteen-year term policy for \$10,000, issued by the same company, will set you back only about \$85 a year.

But remember: Term insurance pays off only if you die. You'll still need some sort of savings program to help you meet those college bills if you're still around when they start coming in.

Many doctors compromise between high-priced endowment



#### PAYING YOUR KIDS' COLLEGE BILLS

insurance that pays off fully and low-priced term insurance that may not pay off at all. They buy ordinary life. This pays off at face value if you die, and it also has a cash-in value after a few years.

A \$10,000 ordinary life contract will cost you about \$198 a year if you buy it at age 35. It'il guarantee the full amount for Junior's education if you die prematurely. If you live, it'll be worth about \$2,400 in cash at the end of fifteen years.

Of course, this latter amount is far from the required \$10,000.

But you might find it a big help for the child's expensive first year of college. And you could supplement it from your other savings. Or . . .

#### **To Offset Inflation**

3. You can join a stock-accumulation plan.

Both savings and insurance pay off in fixed dollars. So they don't provide a hedge against inflation. That's why many doctors prefer to build up their educational funds through common stock investments.

One good way to buy stocks

# Satisfied with the usual cough remedies?



- -do you find that the local soothing effect of cough syrups is not enough?
- -are you concerned about the side effects of codeine?
- -do you find that many remedies decrease cough productivity?
- —do you have patients who do not cooperate fully because of cumbersome forms of issue and too frequent dosage?

AVERAGE ADULT DOSAGE: 100 mg. t.i.d. In refractory cough, up to 6 peries (600 mg.) a day may be given.

C I B A

AVERAGE DOSAGE FOR CHILDREN UNDER 10: One Pediatric Perle (50 mg.) 11.6

BU M M I T, N. J. 1. Shane, S. J., Krzyski, T. K., and Copp. S. E.: Canad. M.A.J. 77:600 (Sept. 15) 1957.

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TESSALON Pediatric available

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on a budget basis is the Monthly Investment Plan, sponsored by the New York Stock Exchange. A number of mutual funds also offer installment-buying plans. These fall into two types: the contract plan and the voluntary plan.

## **Nobody Pushes You**

The voluntary plan is just what you'd expect. You sign up to invest a regular amount monthly; but you aren't penalized if you drop the plan. So if you feel you need to bind yourself to an investment program in

order to keep it going, this sort of thing isn't for you.

In a contract plan, on the other hand, you undertake to make a definite monthly payment for a given number of years. In other words, you buy mutual-fund shares piecemeal but with a fixed goal in mind. Coupled with such an arrangement, there's often a decreasing-term life insurance plan. As your stock investment builds up, your insurance drops. So even if you die, completion of the program is guaranteed. (There's an extra charge for such insurance, of course.)

# If not...here's why you should try new Tessalon Perles



- controls cough by dual action in the chest as well as at cough centers of the brain.
- 2½ times as effective as codeine without the side effects of codeine.
- controls cough frequency without decreasing productivity or expectoration.
- Perles offer convenient, precise dosage and relief for 3 to 8 hours.

TESSALON Perles, 100 mg. (yellow). Pediatric Perles, 50 mg. (red), available Oct. 1, 1958.

Tessalon<sup>®</sup>

R/REGIONAL

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#### PAYING YOUR KIDS' COLLEGE BILLS

Under a contract plan, you aren't really forced to keep your payments up. But here's why you aren't likely to drop out:

Half the sales commission for the entire purchase period is deducted from your first year's payments. The rest is spread equally over the remaining years. That "front load" penalizes you if you drop the plan prematurely.

How much must you put into a mutual-fund plan or the Stock Exchange's Monthly Investment Plan in order to reach your college-money goal?

That's up to the stock market.

If you'd started a \$50-a-month program in one of the leading contract plans in 1948, you'd have just about \$10,000 today. Pay-offs in the future could be either higher or lower.

### **Tax-Saving Idea**

4. You can set up an educational trust.

Here's a good way for the doctor who's well off to finance his child's college education and save taxes at the same time. Let's suppose you have some money or income-earning property that you're willing to salt away for a

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GLUKOR effective in 85% of cases. Glukor may be used regardless of age



and/or pathology . . . without side effects . . . effective in men in IM-POTENCE, premature fatigue and aging.2 GLUTEST for women in frigidity and fatigue.3 Lit. available.

The original synergistically tortified chorionic gonadotropin. Dose 1 cc IM — Supplied 10 & 25 cc vials.

- 1. Gould, W. L.: Impotence, M. Times 84:302 Mar. '56. 2. Personal Communications from 110
- Physicians.

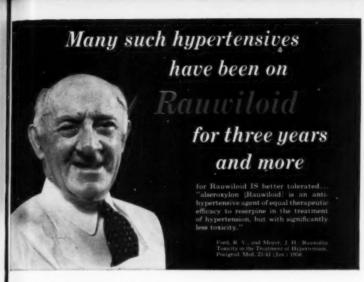
3. Milhoan, A. W., Tri-State Med. Jour., Apr. '58.

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Pine Station, Albany, N. Y.

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# Rauwiloid just two tablets at bedtime After full effect

After full effect one tablet suffices

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CALIFORNIA

For gratifying Rauwolfia response virtually free from side actions

When more potent drugs are needed, prescribe

Rauwiloid® + Veriloid®

for moderate to severe hypertension. Initial dose 1 tablet t.i.d., p.c.

Rauwiloid® + Hexamethonium

in severe, otherwise intractable hypertension. Initial dose 1/2 tablet q.i.d.

Both combinations in convenient single-tablet form.

MEDICAL ECONOMICS · OCTOBER 13, 1958 117

### PAYING YOUR KIDS' COLLEGE BILLS

few years. Why not put it in a short-term trust, with the income to be paid out to Junior or accumulated by the trust for his use when he goes to college?

If the income is left to accumulate, the trust pays only a 20 per cent annual Federal tax on it. That's far less than you'd have to pay if the money went to you.

If the child gets the income, Federal taxes are even lower.

Reason: He's allowed the 10 per cent standard deduction, plus a \$600 personal exemption—and you can still claim him as a dependent if you provide more than half his support.

So if you've already accumulated the necessary funds, you have this choice:

You can put \$10,000 into a short-term trust fund and arrange for the income to go to the

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"It's your wife-Junior's been giving out prescriptions again!"

# Pyribenzamine expectorant breaks up cough



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even persistent cough

Patient, factory worker, age 43, had suffered for months with persistent, dry cough, which he termed "smoker's hack."

Cough frequently interrupted his sleep, causing him to be nervous, irritable; his job efficiency was impaired.



prescribed PYRIBENZAMINE
EXPECTORANT with
Ephedrine. Patient noticed
almost immediate relief—
a week later felt
"considerably better."

Inibenzamine Expectorant with Ephedrine provides a unique combination of antiusive agents, which work three ways at once to break up the persistent cough: Pythenzamine relieves histamine-induced congestion throughout the respiratory uset; ephedrine relaxes the bronchioles and makes breathing easier; ammonium dibride liquefies mucus, relieving dry cough and promoting productive expectoration.

Suplied: Pyribenzamine Expectorant with Ephedrine, containing 30 m. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrodioride), 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per ful. teaspoon.

the available: Pyribenzamine Expectorant with Codeine and Ephedrine, me formula as above with the addition of 8 mg. codeine phosphate per fml. teaspoon (exempt narcotic).

finbenzamine citrate (tripelennamine citrate CIBA)

2/2559MK

SUMMIT. N. J.

#### PAYING YOUR KIDS' COLLEGE BILLS

youngster until he's 18, say, at which time the principal will be freed.

Or you can put in a smaller lump sum and let the income accumulate. If the trust earns a conservative 3 per cent, an initial \$6,386 will grow into \$10,000 in fifteen years.

But remember that state and Federal laws have a lot to say about how such trusts are set up and operated. You'll need legal help in working out the details.

Any of the above programs may be the right one for you. But what if your kids are already ripe for Harvard, Princeton, and/or Wellesley? Well, here are a few suggestions for the doctor who hasn'tyet accumulated the necessary funds and who doesn't have enough time left to do so:

#### If It's Too Late

1. Look into the scholarship situation.

There are more available scholarships—and bigger ones—than ever before. U.S. colleges now offer deserving students a total of about 150,000 such grants, worth \$100,000,000 altogether. Many scholarships have

Placidyl nudges your patient to sleep
NONBARBITURATE (ETHCHLORYYNOL ABBOTT)

ABBOTT

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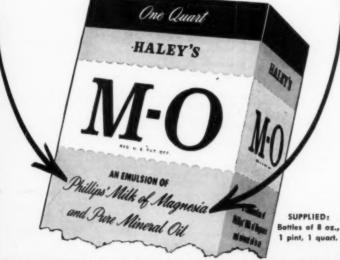
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# Smooth-Working Combination

# TO HELP CORRECT CONSTIPATION Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity. The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



THE CHAS. H. PHILLIPS CO. DIVISION of Sterling Drug Inc. 1450 Broadway, New York 18, N. Y.

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new test for gastric acid now a simple office procedure

# Diagnex Blue

Your patient swallows a liquid instead of a tube

- and the results are just as accurate

- · eliminates discomfort and inconvenience of intubation
- · time-saving and economical; can be used in office
- · requires no special equipment
- · well-tolerated and completely safe

#### Diagnex Blue is easy to use:

- 1. The patient takes DIAGNEX BLUE orally.
- 2. Urine samples are collected and returned to the physician.
- 3. Simple color comparison indicates gastric acid status.

#### Results are easily interpreted:

Free gastric acid is shown by color equal to or more intense than 0.6 mg. standard.

Absence of free gastric acid is shown by color equal to or less intense than the 0.3 mg, standard.

Borderline secretion is indicated by a color intermediate to these two standards.

Diagnex Blue has been used in thousands of gastric analyses with conclusive evidence of accurate results (95% accurate identification of acid secretors, 97% accuracy in identifying achlorhydrics).

SQUIBB



Squibb Quality→
the Priceless Ingredien

Diagnex 's is a Squibb trademark.

122 MEDICAL ECONOMICS · OCTOBER 13, 1958

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Test Pr Each book with color into 0.3 mg. a against a

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Simpl

# how to perform the Diagnex Blue Test

This is what the physician tells the patient:

Start test immediately on arising, without eating or drinking anything for breakfast,



START

Urinate

Do not keep this urine.



Tear open the small packet and swallow the 2 tablets with a glass of water.







1 HR. LATER

Urinate. Save urine in jar Open large packet. Pour con- Stir well and drink It. (The marked "control urine". tents into 1/4 glass of water.

granules do not dissolve.) If granules remain, add a little more water and drings them down.



2 HRS. LATER

Urinate. Save urine in jar marked "test urine"

#### Test Procedure

Each box of BIAGNEX BLUE has a color comparator block with two color standards-one representing color intensity of 0.6 mg. azure A. and the other 0.3 mg. azure A. Color comparison should be made against a suitable light source.

- A. 1. Dilute the control and test urines with water to 300 cc. each.
  - 2. Fill two test tubes with approximately 10 cc. of control urine each, and fill a third test tube with about 10 cc. of the test urine.
  - 3. Place the test urine tube in the middle slot of the comparator and the control urine tubes in front of the two color standards
  - 4. If the color intensity of the test urine is equal to or exceeds that of the 0.6 mg. standard, the patient has secreted free gastric hydrochloric acid and the test is complete.
- B. 1. If the test sample color is less intense in color

than the 0.6 mg. standard, acidify all samples with 2 drops of diluted (10%) hydrochloric acid. Heat the three test tubes in a boiling bath for 10 minutes. (Boiling may decolor sample, but color will reappear on cooling.) Remove tubes from the bath and allow to cool for 2 hours. Compare color intensity as in A3 and A4. 2. When the color of the test specimen falls between the 0.6 mg. and the 0.3 mg. standards, this is presumptive evidence of hypochlorhy-dria. When the color of the test specimen is less intense than that of the 0.3 mg. standard, this

Supply: Boxes of 5 and 50 test units with comparators. Each test unit contains 2 Gm. DIAGNEX BLUE granules, two 250 mg. tablets of caffeine sodium benzoate to stimulate gastric secretion, and labels for urine samples. Complete instructions for use are included in each package.

is presumptive evidence of achlorhydria.

Would you like additional information on DIAGNEX BLUE?

Simply mail this coupon.

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Professional Service Department (10G)
SQUIBB, 745 Fifth Avenue, New York 22, N. Y.
Gentlemen: Please send a copy of your technical leaflet,
"A Tubeless Test for Gastric Acid" to:

Address

no strings attached. Others go to specific geographic or occupational groups. (In this latter category, for example, Vassar has a special scholarship fund to aid daughters of physicians.)

#### For More Information

Every year, many of those special scholarships go unclaimed, mostly because eligible students don't know they exist. So you'll do well to study listings of potential grants. The Government Printing Office, Washington 25, D.C., will send you one such list ("Financial Aid for College

bile salts - mild laxatives - digestants

Students: Undergraduate") for \$1.

2. Look into the educationalloan set-up in a given school, as well as in your local bank.

It's easier to borrow money for educational purposes than it used to be. Most schools have loan funds from which students can borrow, with repayment due only after graduation. Interest rates are generally moderate. In some cases, loans are actually interest-free.

Then, too, banks in some states now permit students to borrow at low rates with a miniwide-r

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patient
suffers
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for gentle, prompt

relief and correction of constipation

For samples, write DREW PHARMACAL CO., INC. 1450 Broadway, New York 18

# A workhorse "mycin"

# for common infections

wide-range action

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CYCLAMYCIN... potent, new Wyeth antibiotic to help you in the treatment of common infections of daily practice. It has proved effective against many pathogens including some resistant to other antibiotics ... streptococci, pneumococci, gonococci, H. influenzae, and most strains of staphylococci, prompt, high especially erythromycin-resistant staphylococci. Highly stable, readily and reliably absorbed, CYCLAMYCIN produces rapid high antibiotic blood levels. CYCLAMYCIN is well tolerated...even by some patients reacting adversely to other antibiotics. It has minimal effect on normal gastrointestinal flora ... no serious reaction problems arising from sensitivity or toxicity have been reported.

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blood levels



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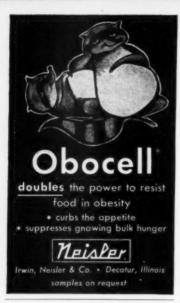
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general practice...
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Analgesic & Antipyretic

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New liquid DROPSPRIN is indicated wherever and whenever aspirin is required. Yet how much more convenient for infants and children and for adults — who experience difficulty in swallowing tablets!

DROPSPRIN is a pleasantly flavored aqueous suspension of salicylamide, a highly effective aspirin-like compound.

SUPPLIED: 1 oz. bottles 2 oz. bottles Each bottle is supplied with an especially calibrated dropper to deliver 0.5cc. and 1.0cc.

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126 MEDICAL ECONOMICS OCTOBER 13, 1958

#### PAYING COLLEGE BILLS

mum of red tape. In Massachusetts, Maine, and New York, state-chartered corporations guarantee such loans. And a number of other states seem likely to charter similar corporations.

### Ten Years to Pay

Now the Federal government has also entered the college-loan field. Late last summer, President Eisenhower signed into law the \$877,000,000 education-aid bill. Under it, students may borrow up to \$1,000 a year for five years at 3 per cent interest. The money can be repaid over a tenyear period, beginning a year after the student leaves college.

# Why Can't They Work?

3. Encourage your kids to get part-time college jobs.

It's still a live American tradition for boys and girls in all income groups to work their way through college. The Government reports that even among \$25,000-and-up families, one student in five now earns part of his expenses.

Registrars' offices keep up-todate rosters of openings on campus and off. After all, the colleges are as interested as you are in making it possible to meet those bills.

1. Mepro other t

Literat

CME-732

# **Now-the most** widely prescribed anquilizer'

# sustained release capsules

# Meprospa

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Two capsules on arising last all day Two capsules at bedtime last all night

> relieve nervous tension on a sustained basis, without between-dose interruption

'The administration of meprobamate in sustained action form [Meprospan] produced a more uniform and sustained action . . . these capsules offer effectiveness at reduced dosage."2

Submitted for publication, 1958 Dosage: 2 Meprospan capsules q. 12 h. Supplied: 200 mg. capsules, bottles of 30.

Literature and samples on request

other tranquilizer. Source: Independent research organization; name on request.

2. Baird, H. W., III: A comparison of Meprospan (sustained action meprobamate capsule) with other

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WALLACE LABORATORIES, New Brunswick, N. J. who discovered and introduced Miltown®

# when asthma

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Kenacort therapy improves ventilation and increases vital capacity. Dyspnea and bronchospasm are generally relieved within 48 hours and sibilant rales often disappear. As coughing and wheezing diminish your asthmatic patient will sleep more comfortably.

Kenacort possesses potent antiallergic and anti-inflammatory properties. This means that the benefits of improved pulmonary function and subjective wellbeing may be sustained on lower maintenance dosage than is possible with other steroids.

Kenacort is indicated in the treatment of asthma, allergies, arthritis and dermatoses -

# Squibb Triamcinolone



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Supply:

Scored tablets of 1 mg. and 2 mg.-

bottles of 50. Scored tablets of 4 mg.-

bottles of 30 and 100.

- · with far less gastric disturbance
- · without salt and water retention
- with no potassium loss 4,0
- without unnatural psychic stimulation 1,2,0
- with no adverse effect on blood pressure 1,2,4,5,7
- on a lower daily dosage range 1,5-2

1. Sherwood, H., and Cooke, R.A.: J. Allergy 28:97 (March) 1957. 2. Hartung, E.F.: J.A.M.A. 167:973 (June 21) 1958. 3. Boland, E.W.: Geriatrics 13:190 (March) 1958. 4. Hellman, L., and others: A.M.A. J. Dis. Child. 94:437 (Oct.) 1957. 5. Shelley, W.B.; Harun, J.S., and Pilisbury, D.M.: J.A.M.A. 167:959 (June 21) 1958. 6. Feinberg, S.M.; Feinberg, A.R., and Fisherman, E.W.: J.A.M.A. 167:58 (May 3) 1958. 7. Friedlaender, S., and Friedlaender, A.S.: Antiblotic Med. & Clin. Ther. 5:315 (May) 1958. 8. Dubois E.L.; J.A.M.A. 167:1590 (July 26) 1958.

MEMACORT IS A SQUISS TRADEMARK

# What's the Matter With Young Doctors?

'Irresponsibility,' says this old-school physician: It shows up in young M.D.s' relations with colleagues, and in ways that patients notice, too

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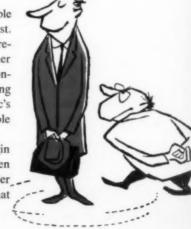
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By Mary B. Spahr, M.D.

After twenty-five years in practice, I consider myself an old-school doctor. Some of my younger colleagues probably deplore my old-school ways. But when I look at the new-school physician, I too see something to deplore—something serious. In brief, what I see is this:

The new-school man is irresponsible—by my old-school standards, at least. He shows his irresponsibility in his relations with both patients and other physicians. And this cocksure unconcern among so many of today's young doctors goes far to explain the public's growing resentment toward our whole profession.

To explain what I mean, let me begin by examining current relations between the new-school men and their older colleagues. Those relations aren't what



### WHAT'S WRONG WITH YOUNG DOCTORS?

they used to be. And they aren't what they should be for the good of medicine and the public at large.

When my generation of doctors were young, each of us filled in for the older doctor in the community. We covered for him when he was sick or away. We were there for emergencies. We took the occasional patient who had worn him down. We did all this willingly, even eagerly. We were grateful for what we could learn from the older man. And we passed this knowledge and concern along to the patient.

Today, such communication and understanding seem to be lacking. Instead of deferring to his elders, the new-school man tends to shift the really tiresome burdens of medical practice onto our shoulders. And who suffers most from this lack of consideration? Not the older doctor, but the patient! As a result, medicine's public relations are in a sorry state.

When a layman phones a

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practical new examining room suite by Hamilton. Distinctively proportioned, smartly styled and finished entirely in lifetime materials. Wood-grained Formica in gray or cream, satin-finish stainless steel and bright chrome create a contemporary, fully Professional atmosphere—and the Premiere will keep its good looks for a lifetime. See the new Premiere... and other Hamilton suites in wood and steel... now, at your Hamilton Dealer's.

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young doctor again and again, only to find he's "off duty" or "completely scheduled for some time to come" or "can't come now, and why not call [old] Dr. So-and-So?"—what does the layman do? He grumbles. Multiply his complaint by several thousand, and you get a dangerous undercurrent of resentment against private medicine.

#### What's the Difference?

So, as I see it, the difference between the old-school physician and the new isn't simply one of age. The difference is in attitudes toward time, money, and roundthe-clock abiding interest in the patient (the employer of us all).

Do I seem to be exaggerating? Let me cite a few incidents from my own experience as a pediatrician in an Eastern community of 30,000 people.

The other afternoon, I was called out to see a critically ill baby at the hospital. To do so, I left my well-baby clinic. When I got back, none of the parents who were waiting for me complained of the delay. Several of them smiled and said, "I'd want you to do the same for my child."

But the emergency patient I'd seen wasn't my patient. I later

learned that his physician—very much a new-school man—had refused to leave his own wellbaby clinic for the emergency call.

Such things happen all the time. For instance, not long ago, I washed out four stomachs in five days in the accident room; only one patient was my own. Or take what happened on a recent Sunday:

Early in the morning, I was called to wash out the stomachs of two little boys whose doctor (a G.P.) had telephoned in the composition of the poison they'd enjoyed together. When the message was relayed to me, I dashed to the hospital, never questioning the referring doctor's inability to come.

I spent most of Sunday morning there, while my own patients waited. Then, as I went upstairs, I found the two boys' doctor wandering around the hospital corridors at his leisure.

### Not Even a Thank-You

"I've just taken care of two of your patients," I said, rather sharply. He didn't thank me. He didn't apologize. He didn't even have the grace to blush. Worst of all, he neither asked me whether Fo

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# the extended-range therapeutic vitamin-mineral tablet

Now, prescribe faster recovery for your patients . . . from teen-agers to golden-agers . . . with only one Tablet 'Mi-Cebrin T' a day.

Surgical patients, 1,2,3 individuals suffering from febrile diseases, 4,5 patients with severe burns or injuries, 1.4.5 and those undergoing any prolonged convalescence—all snap back faster with potent nutritional supplementation as provided by 'Mi-Cebrin T.'

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'Mi-Cebrin T' is especially useful in geriatrics because, along with vitamins and minerals, it provides intrinsic factor to "boost" absorption of vitamin B12 in those elderly patients whose absorptive ability is impaired. 6.7

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Pantothenic Acid (as Calcium Pantothenate, Racemic) 10	mg.
Nicotinamide 100	mg
Vitamin B <sub>12</sub> (Activity Equivalent) 7.5 plus sufficient Intrinsic Factor Con- centrate to produce activity equivalent to that of 1/2 U.S.P. APA unit (oral)	me
Folic Acid 0.2	mg.
Ascorbic Acid (as Sodium Ascorbate) (C) 150	mg.
Alphatocopherol (as Alphatocopheryl Succinate) (E)	mg.

Vitamin A Synthetic (25,000 unit	s)	7.5 mg.	
Vitamin D Synthetic (1,000 unit	s)	25 1	ncg.
Contains also	ipp	roxim	ately
Iron (as Ferrous Sulfate)		15	mg.
Copper (as the Sulfate)	*	1	mg.
Iodine (as Potassium Iodide)		0.15	mg.
Cobalt (as the Sulfate)		0.1	mg
Boron (as Boric Acid) ,		0.1	mg.
Manganese (as the Glycerophosphate)		1	mg.
Magnesium (as the Oxide)	×	5	mg.
Molybdenum (as Ammonium Molybdate)		0.2	mg.
Potassium (as the Chloride)		5	mg.
Zinc (as the Chloride)		15	ma

Dosage: 1 tablet a day, or more as needed.

Available in bottles of 30, 100, and 1,000 at pharmacies everywhere.

References: 1. J. Am. Dietet. A., 30:1256, 1954. 2. Am. J. Clin. Nutrition, 3:501, 1955. 3. Ann. Surg., 140:661, 1954. 4. M. Clin. North America, 40:1473, 1956. 5. J. Oklahoma M. A., 50:333, 1957. 6, J. Am. Geriatrics Soc., 6:190 (March), 1958. 7. Am. J. Clin. Nutrition, 5:651, 1957.

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### WHAT'S WRONG WITH YOUNG DOCTORS?

the poisoned boys had survived nor rushed down himself to inquire about them.

This, I insist, is an irresponsible attitude. And it's sadly typical of many of the post-World War II crop of doctors.

When I started practice, early in the Thirties, all patients were considered the property of their family physicians. Did the established men in my town send patients to us youngsters? Indeed they did. They sent us strangers who called them at inconvenient hours, or dead beats, or an occasional paying patient who was

hard to handle. And, it is only fair to admit, they referred a certain number of delightful and dependable patients.

In return for such favors, we young doctors were expected to take on the older men's night and Sunday calls and other emergencies. We didn't complain about our hard lot, either. Why not? Because, for one thing, we knew we were profiting from the referring doctors' instruction in the art of medicine.

We also knew that our predecessors had faced and survived a similar ordeal. And we as-

> Potenti conver imum two P duce a age un

> anemia anemia



"I've been thinking of leaving my brain to science."



# Provides therapeutic quantities of all known hematinic factors

Potent "Trinsicon' offers complete and convenient anemia therapy plus maximum absorption and tolerance. Just two Pulvules "Trinsicon' daily produce a standard response in the average uncomplicated case of pernicious anemia (and related megaloblastic anemias) and provide at least an average.

age dose of iron for hypochromic anemias, including nutritional deficiency types. The intrinsic factor in the "Trinsicon' formula enhances (never inhibits) vitamin B<sub>12</sub> absorption.

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<sup>\*&#</sup>x27;Trinsicon' (Hematinic Concentrate with Intrinsic Factor, Lilly)

sumed that the time would come when we'd have the help of young colleagues. It was give and take in those days. We all felt humble before the greatness of our profession. The patient came first. We knew that everything we did, every burden we shouldered, was for his well-being.

### The War Changed Things

Then came the war, a booming population, and fewer available doctors. Gradually, humility as a medical virtue went into the discard. And, before long, my generation of doctors woke up to a shocking discovery: Our new colleagues thought themselves too well-trained and too much in demand to need our help.

Far from filling in for us, they started taking days and weekends off. And it was they who referred "uncooperative" patients back to the old-school doctors, instead of the other way round.

To remonstrances, they said: "Everyone needs time off." Or: "My wife insists." Or: "It's while your children are young that you need time off." One new-schooler even told the doctor who had launched him: "You don't need time off; you have no family." (The older man had lost his wife and children in a series of tragedies!)

At first, we tried to take it in our stride. We withheld criticism. If patients complained that young Dr. X didn't answer his phone, we made excuses for him. We took his Sunday calls, because we had long prided ourselves on answering every valid summons.

But the burden became intolerable. And not just in my town. Here's a story told me, a few years ago, by a doctor from another state:

### Quick to Forget

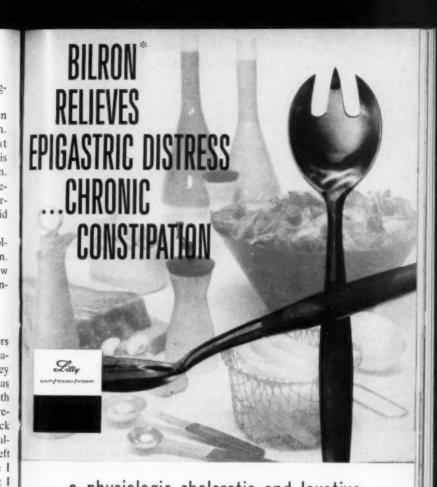
"I launched two young doctors in town, sent more than 100 patients to each of them when they asked for my help. As soon as they got established, they both began taking Sundays off and referring the week-end calls back to me. Believing they didn't realize what they were doing, I left them full responsibility while I took a month's vacation. But I came back to find them with a regular schedule of exchanging time off with each other-a scheme in which I wasn't even considered.

"I wouldn't trust my patients again to such creatures," the doc-

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# a physiologic choleretic and laxative

Bilron' promptly relieves the "dyspeptic syndrome" by stimulating choleresis and corrects chronic constipation by re-establishing intestinal motility. It substantially increases both the flow and concentration of normal bile. 'Bilron' is acid insoluble and dissolves in the alkaline medium

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of the intestine, where bile is normally released. Gastric irritation is thus averted.

Usual dosage is 5 to 10 grains daily with meals.

Available in 2 1/2 and 5-grain pulvules at pharmacies everywhere.

"Bilron' (Iron Bile Salts, Lilly)

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tor added. "Loyalty is the heart of all the virtues, you know. So I've now hired someone else to work in my office."

# M.D.-Prestige Suffered

To repeat, the burden became intolerable for us old-school practitioners in my town. We simply couldn't carry the younger men's load as well as our own. And so the inevitable happened: A few years ago, the local paper began printing blasts against physicians "who often refuse to come when their patients most need them."

In other words, the public, which had been temporarily under the spell of the new-schoolers' brilliant medical techniques, now cried out for the all-round care and interest of the old family doctor. The doctors had to respond. Our county medical society, for one, set up a rotating panel of two doctors a day for emergency calls. And a number of the young men began arranging to swap time off in groups of twos and threes. The public was appeased.

But how long will it remain satisfied? Not very long, I believe, if each new generation of physicians remains more interested in the doctor's "rights" than in the patient's welfare. We oldschoolers are still around to handle more than our share of the chores that are an unavoidable part of the private practice of medicine. But we won't be around too much longer.

And when we've all faded away, then what? Will today's young man be more capable of taking on night calls and emergencies when he reaches middle age? Or will he be so steeped in his irresponsibility that he'll have grown too flabby to climb out of his rut? Now he says: "You need time off when you're young." Some day, I'm afraid, he'll learn that facing irregular demands is a lot easier for the young than for the aging.

## Who'll Care For Them?

And if tomorrow's doctors can't meet their patients' demands for real interest and allround care, some outside force—whether government, insurance companies, or the cultists—is certain to move in.

When that happens, the physician will have plenty of time for his social life and fishing trips. But he may have too few patients to support such pleasures. END

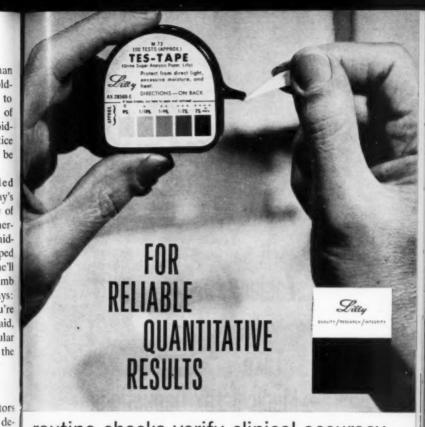
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# routine checks verify clinical accuracy

Every lot of 'Tes-Tape' is subjected to a panel of ten persons at the Lilly Research Laboratories who are unfamiliar with the use of 'Tes-Tape.' Each panel member examines twenty-five urine specimens containing different concentrations of glucose. The average accuracy of the observations at the designated levels was as follows:

Glucose Concentration	Accuracy	
2 percent	98.6 percent	
0.5 percent	88.9 percent	
0.25 percent	90.3 percent	
0.1 percent	95.6 percent	

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A total of 5,500 different specimens were assayed, with an overall accuracy of 98.6 percent.

Available at all pharmacies in plastic dispensers of approximately 100 tests.

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By Albon P. Man Jr. and M. J. Goldberg

More things can be claimed this year than ever before. Here's a rundown on the items that you—and your patients—are most likely to overlook

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look mear ment fectin ducti page you o Just three years ago, the Internal Revenue Service issued a ruling on medical deductions that settled every doubtful question in the Government's favor. Among the items ruled nondeductible: special foods for ulcer patients, special rooms to house iron lungs, autoettes for paraplegics, room and board expenses at institutions for the training or care of handicapped persons.

The ruling surprised and dismayed a good many medical men and their patients. But in the three years since then, the Revenue Service has slowly but steadily backed down. In a long series of little rulings, it has reversed itself on some of the once-forbidden items, eased up on others. Now it's safe to claim a number of deductions which, a few short years ago, would have guaranteed you a visit from a Revenue agent.

You'll want to know which of your own family's health expenses are tax-deductible. You'll want to know, too, how your patient stands when you must prescribe expensive equipment or a long trip for medical reasons. The fact that the patient can deduct an item may help sugar-coat an otherwise bitter financial pill.

To see what's been happening to medical deductions, let's look first at the law itself. It defines medical expenses to mean amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease—or for any procedure affecting the structure or function of the body. The major deductible items under these broad headings are listed on page 144. Assuming you itemize your personal deductions, you can deduct all such expenses in excess of 3 per cent of

#### MEDICAL TAX DEDUCTIONS

your "adjusted gross income" (professional net plus outside net income) up to the allowable maximums.

These maximums are \$5,000 on an individual return and \$10,-000 on a joint or head-of-household return, with no more than

ess

#### Medical Tax Deductions May Include the Cost of:

PROFESSIONAL SERVICES by chiropodist, chiropractor, Christian Science practitioner, dentist, doctor of medicine, registered or nonprofessional nurse, optician, optometrist, osteopath, physiotherapist, podiatrist, psychoanalyst.

SPECIAL MEDICAL SERVICES such as blood tests and transfusions, cardiograms, diathermy, electric shock treatment, hydrotherapy, metabolism tests, psychotherapy, radium therapy, spinal-fluid tests, sputum tests, stool examinations, X-ray treatment.

HOSPITAL SERVICES such as ambulances, anesthesia, hospital room and board, use of operating room.

MEDICINES, including patent medicines, prescription drugs, sick-room supplies, tonics, and vitamins.

EQUIPMENT AND SUPPLIES such as arches, artificial teeth, back supports, crutches, elastic hosiery, eye glasses, hearing aids, heating devices, wheel chairs, orthopedic shoes, sacroiliac belts.

TRAVEL essential to prevent or alleviate a physical defect, mental defect, or illness.

**PREMIUMS** or membership dues for free-choice medical plan, group clinic-care plan, group hospital plan, etc.

MISCELLANEOUS: asylum, convalescent home, nurse's board (if the patient pays it), sanitarium, or similar institution.



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- · effective without somnolence
- · allows the patient to continue his normal activities

TRILAFON Tablets - 2 mg. and 4 mg.; bottles of 50 and 500.

TRILAFON REPETABS,\* 4 mg, for prompt effect in the outer layer and 4 mg, for prolonged action in the timed-action inner core; bottles of 30 and 100.

For complete details on TRILAFON consult Schering literature.

(1) Marangoni, B. A.; Am. Pract. & Digest Treat. 8:1959, 1957.

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## **NEW** styling

## for known standard

To diabetics and their physicians, CLINITEST means rapid *and* reliable urine-sugar testing—standardized for accurate results every time. And now, the new streamlined model (No. 2105) gives your diabetics this standard test in the best looking, most efficient form.

## CLINITEST

urine-sugar analysis set

- functional: full-view test tube arways in place
- refillable: takes either bottle of 36 or sealed-in-foil CLINITEST reagent tablets
- attractive 2 wo-tone, neutral gray plastic case

Model No. 2105 CLINITEST Urine-Sugar Analysis Set contains everything needed for accurate standardized testing: bottle of 36 CLINITEST Reagent Tablets, test tube, unbreakable dropper, color scale—instruction sheet, analysis record, diabetic's identification card



**MODEL NO. 2105** 



AMES COMPANY, INC • ELKHART, INDIANA Ames Company of Canada, Ltd., Toronto

\$1798

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\$1 \$2 Of \$2,500 being allowed per dependent. But if you're over 65 and disabled, the ceiling on medical expense deductions is \$15,000. If both you and your wife are over 65 and disabled. the ceiling is \$30,000.

There's one other important limitation: Your outlays for drugs and medicines can be counted only to the extent that they exceed 1 per cent of your "adjusted gross income." To illustrate:

Suppose this year your "adjusted gross income" comes to \$15,000, and suppose you spend \$200 for drugs and medicines. Of the latter amount, only \$50

#### Medical Tax Deductions May Not Include:

The cost of illegal operations, treatments or drugs illegally procured, funeral, burial, cremation, cemetery plot, tombstone, mausoleum, life insurance, premium waiver in event of total and permanent disability.

can be counted with your other medical expenses. That's the extent to which your drug bill (\$200) exceeds 1 per cent of your adjusted gross (\$150).

Now you take your allowable \$50 for drugs and add it to your other medical expenses for the year. Let's say these total \$1,000, for a grand total of \$1,050. Is this entire amount deductible?

If you're over 65, yes. Otherwise, no-it's deductible only to the extent that it exceeds 3 per cent of your adjusted gross income for the year.

In the example given, 3 per cent of your adjusted gross would be \$450. Subtract this from total medical expenses (\$1,050), and you'd get your allowable medical deduction: \$600.

The foregoing ground rules are laid out in the tax law. They have changed little since 1954. What has changed drastically is the way the I.R.S. interprets the law in the three problem areas: travel required for medical reasons, special training required for medical reasons, and special equipment required for medical reasons.

Let's see how things have changed in each of these areas:

## HE NEEDN'T BE HIGH-STRUNG

WEIGHT REDUCTION: Obese patients may resist dieting because they fear losing the emotional security which is often involved in overeating. AMBAR helps such patients hold the diet line by giving them a more alert, brighter outlook. WITHOUT JITTERS: Methamphetamine, a potent CNS augmenter, produces less cardiovascular effect than amphetamine. In AMBAR it is combined with just enough phenobarbital to prevent overstimulation. AMBAR EXTENTABS provide 10-12 hours of appetite suppression in one controlled release, extended-action tablet: methamphetamine hydrochloride, 10.0 mg.; phenobarbital (1 gr.) 64.8 mg. AMBAR TABLETS for conventional dosage or intermittent therapy contain methamphetamine hydrochloride, 3.33 mg.; phenobarbital (1/2 gr.) 21.6 mg. A. H. ROBINS COMPANY, INC., Richmond, Va., Ethical Pharmaceuticals of Merit Since 1878

WEIGHT REDUCTION WITHOUT JITTERS AMBAR



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#### MEDICAL TAX DEDUCTIONS

1. Travel required for medical reasons. The law allows a deduction for the cost of transportation "primarily for and essential to medical care." That can mean anything from the 15-cent bus fare a patient pays to reach your office to the cost of a cross-country trip you recommend.

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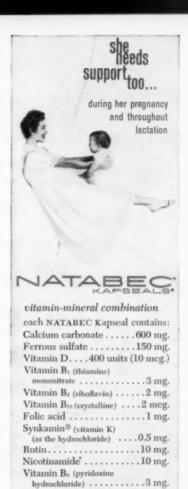
The latter deduction is allowed only if the trip is made to alleviate a specific disease, ailment, or disorder—not for personal reasons or to "tone up" the patient's general health. The I.R.S. has often challenged such deductions because it didn't find a close enough relation between the travel and the patient's physical condition.

Back in 1955, the Revenue Service gave this example of a deductible travel expense:

After a man had his larynx removed, he had trouble breathing in a cold northern climate. His winter trips to Florida alleviated the condition. The cost of these trips was therefore a proper medical deduction, said the I.R.S.

Now the Revenue Service has gone one step further. Just last spring, it ruled that patients can also deduct the expenses of a nurse if one must accompany them on a trip. For example:

An elderly man was ordered



bottles of 100 and 1,000.

Vitamin C (ascorbic acid) . . . 50 mg.

Vitamin A. . . 4,000 units (1.2 mg.) Intrinsic factor concentrate 5 mg.

dosage: As a dietary supplement during

pregnancy and throughout lactation, one

or more Kapseals daily. Available in





in the season of acute infections, extra

### CITRUS

provides the increased

### VITAMIN C

and fluid needed during

### **FEVER**

to prevent deficiency and help maintain resistance\*

\*Tisdall and Jolliffe note the systemic relation in animals between vitamin C and resistance to infection, with increased needs evident in upper respiratory streptococcal infections.

- In: Clinical Nutrition ed. by Norman Jolliffe et al. New York, Paul B. Hoeber, Inc., 1950, pp. 590-91, 637-38.



DRANGES . GRAPEFRUIT . TANGERINES

FLORIDA CITRUS COMMISSION . LAKELAND, FLORIDA

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#### MEDICAL TAX DEDUCTIONS

by his doctor to travel to a warmer climate. He was also ordered to take a nurse with him to administer injections and help him in and out of his wheel chair. The nurse's transportation costs are considered deductible. You can also claim the cost of her meals and lodging along the way.

Courts have occasionally gone even beyond that. In a few cases, they've overruled the I.R.S. and allowed patients to deduct the transportation costs of their wives. In each case the wife went along on doctor's orders, and the patient was en route to seek medical treatment.

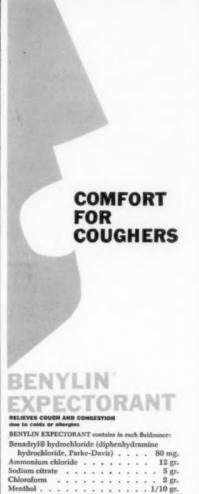
#### For the Handicapped

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2. Special training required for medical reasons. The Revenue Service has always allowed a medical deduction for the cost of training to alleviate mental or physical handicaps. But that's all it used to allow. Not the cost of room and board at special institutions for the handicapped. Not the cost of instruction that wasn't directly related to the patient's disability. If a deaf child learning lip reading at a special school also happened to be taught a little spelling and grammar, only part of the tuition could be deducted.

These stringent rules have



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#### MEDICAL TAX DEDUCTIONS

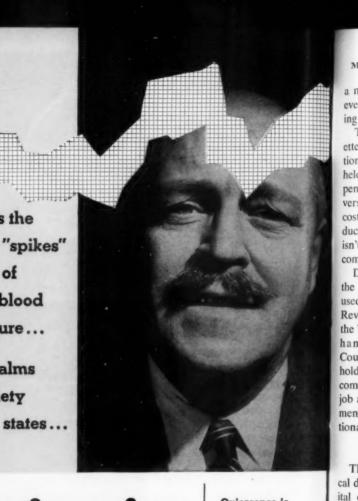
now been relaxed. Today the I.R.S. concedes that *all* costs of instruction at special institutions are deductible, provided the person is there primarily for medical attention. And if meals and lodging are provided by the institution, their cost can also be deducted in full.

What if the person isn't in the institution principally for medical care? Then, says the new I.R.S. ruling, only that part of the cost attributable to medical care can be claimed. Meals and lodging can't be claimed at all.

What about problem children in special schools where the discipline is expected to have a beneficial effect? What about aged relatives living in old people's homes for personal or family reasons, not medical reasons? In these two cases, as the Revenue Service sees them, there's no medical motivation—hence no medical deduction for institutional costs.

3. Special equipment required for medical reasons. In the past, the I.R.S. often disallowed deductions for such equipment. Sometimes it held that the equipment was personal, not related to medical needs. Other times it held that the equipment was a capital improvement—which can't be deducted even if it has





## **Butiserpine**

The Butisol component acts at once to produce its well-known quieting "daytime sedation." And the small dosage of reserpine gradually builds up its tension-suppressing effect, without the disturbing side reactions of larger dosage.

Takes the

out of

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Quiescence is prescribed when you use Butiserpine.

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Each tablet or teaspoonful of elixir contains: BUTISOL SODIUM® 15 mg. (1/4 gr.) **Butabarbital Sodium** 

Reserpine 0.1 mg. Prestabs® Butiserpine R-A (Repeat Action Tablets)

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#### MEDICAL TAX DEDUCTIONS

a medical purpose. Now, however, the Revenue Service is easing up.

Take, for example, the autoette for paraplegics that we mentioned earlier. The I.R.S. once held this to be a personal expense. Early this year, it reversed itself and ruled that the cost of such a device can be deducted as a medical expense if it isn't used *only* as a means of commuting to and from work.

Did this ruling also apply to the specially fitted automobiles used by disabled persons? The Revenue Service didn't say—but the Tax Court did. In a decision handed down last July, the Court allowed a paraplegic jobholder to deduct his automobile commuting expenses. Both his job and the driving were recommended by his doctor as occupational therapy.

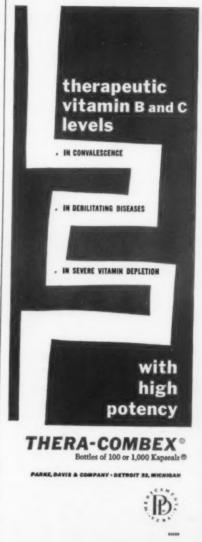
#### 'Detachability' Rule

The biggest ease-up in medical deductions has been for capital expenditures—the big bills incurred by people who must alter their homes for medical reasons. The Revenue Service recently announced a brand-new rule of "detachability." In brief:

you

blets

If the capital improvement can be detached from the rest of the property and is not a perma-





## brings comfort to her cold

nose

Stopped-up PROMPT DECONGESTANT ACTION Rapidly relieves nasal congestian, while giving the patient a welcome "lift"... with Phonylephrine.

manifesta-

Allergic COMBATS HISTAMINE-INDUCED

Jesta. Balanced ratio of chemically distinct antihistamines results in full potency with marked freedom from side-actions... with Chlorpheniramine and Pyrilamine.

Headache, Sore Throat

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Potentiated effect of Salicylamide with acetophenetidin helps relieve depressing "aches and pains." Caffeine and ascorbic acid also provided.

Dose: One capsule three or four times daily.

Supplied: Green and white capsules, battles of 100

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#### MEDICAL TAX DEDUCTIONS

nent part of it, the cost can be deducted as a medical expense.

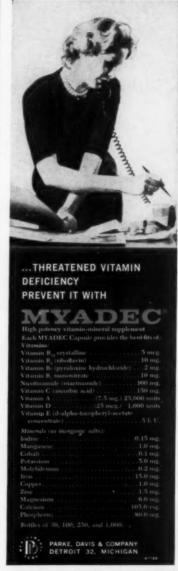
On that basis, you and your patients can now deduct for devices such as inclinators and room air conditioners, if prescribed for medical reasons. But you still can't deduct for capital improvements that become a fixed part of the property—e. g., elevators and central air-conditioning systems.

At least, that's what the I.R.S. says. The courts may cause it to back down here too.

#### What They've Allowed

Courts have recently allowed tax deductions for the following items: the cost of installing a home swimming pool with a special wheel-chair ramp for a polio patient; and the cost of home elevators for victims of arthritis, cerebral accident, and heart disease. In those cases, doctors had prescribed the equipment and had testified in court that it was necessary to alleviate the patient's physical condition.

Over the last three years, almost all I.R.S. rulings and Tax Court decisions have been in the direction of more liberal medical deductions. Recent cases indicate that the trend will continue. That's good news for doctors and patients alike.



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new freedom from embarrassment and distress of psoriasis

## alphosyl

A notable advance in topical therapy of psoriasis: Keratindispersing action; stimulation of healing.

Successful results ranging to complete clearing obtained in patients with: scalp-to-toe psoriasis psoriasis of many years' duration psoriasis involving tender areas.

Treatment-fastness has not occurred

**Safety:** Avoids potential hazards of other therapies – mercury, arsenic, corticosteroids, x-rays.

A noteworthy advance cosmetically: Nongreasy, nonstaining; vanishes on application to the skin. May be used freely on the scalp.

Application: Rub thoroughly into lesions 2 to 4 times daily. In cases of long duration, initial response may take several weeks. Often, in obstinate cases, hot baths before applications hasten response. Maintenance: Apply 2 or 3 times weekly, or daily if necessary.

Formula: Allantoin 2% and special coal tar extract 5% in a lotion base.

Supplied: Botiles of 8 fl. oz.

(1) Flesch, P.: Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press), (2) Bleiberg, J., 1958, (3) Bleiberg, J., Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press), (4) Clyman, S. G., Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press), (5) Samitz, M. H.; Reported Conf. N. Y. Academy Sciences May 9, 1958 (In Press),

REED & CARNRICK / Jersey City 6, N. J.

# How Well-Managed Is Your Practice?

This self-test—the fourth of a series—will help you tell whether bad bookkeeping is costing you money

By Horace Cotton

Bookkeeping is the last thing that most doctors want to get involved in. Luckily, they don't have to. But they do need to know whether their books are set up right and whether wrong entries are being caught before they hurt.

The following five questions are designed to bring out this vital information. Like previous questions in this series, they're drawn from an elaborate eight-page questionnaire that my management firm now uses. Doctors' answers, I've discovered, give me a good indication of how well-managed their practices are.

Ready with a pencil? Check off your answers to the

THE AUTHOR heads his own professional management firm, which has headquarters in Southern Pines, N.C., and offices in major cities throughout that state.

#### HOW WELL-MANAGED IS YOUR PRACTICE?

five questions, then interpret your answers in the light of the commentary below. Judging by other doctors' experiences, you'll learn a lot from this little selftest.

1. Who set up your bookkeeping system?

Accounta	nt	1									
<b>Business</b>	co	n	15	U	İt	a	n	t			
Yourself											

The only bad answer here is "Yourself." If you checked that box, better have your bookkeeping system reviewed by someone

who really knows accounting. It's like having a realtor or architect look at the house you plan to buy. Even if he merely nods and says, "It's worth the money," you have the satisfaction of knowing that your acumen has been attested by an expert.

2. What sort of bookkeeping system do you have?

Single-entry system ... Double-entry system . . []

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I'm in somewhat troubled waters here. I happen to belong to



"How should I know if he knows his business?"

# WIDE AWAKE TRANQUILITY

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QUIACTIN provides greater tranquility, yet avoids the drowsiness that causes patient discomfort or oversteps the bounds of safety.1 Work, and other normal activities, continue with no drop in efficiency.2 Structurally, QUIACTIN is a glycidamide ... atom by atom, a completely new tranquilizer, prolonged in activity, nontoxic, noncumulative and free of withdrawal symptoms. QUIACTIN will not deepen depression if it is present.

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1. Proctor, R. C., Southern Psychiatric Assoc. Meeting, October 7, 1957. 2. Feuss, C. D. and Gragg. L. Jr.: Dis. Nerv. Sys. 18:29; 1967. TRADEMARK: QUIACTING



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With Norisodrine Sulfate in the easy-to-use Aerohalor, the asthmatic is only a breath or two away from relief.

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As fast as intravenous treatment, as effective as epinephrine, Norisodrine involves neither significant systemic pressor action nor local vasoconstrictor effect. The particles inhaled-90% of which are less than 10 microns in sizemove almost immediately into the tracheobronchial tree . . . providing relief where it's needed most.

Prescribe Norisodrine in the Aerohalor, Doctor. You'll find it effective therapy-even for the asthmatic who is "fast" to other commonly-used bronchodilators. The patient will find extra convenience, too, in the Aerohalor's

compact size—just right for purse or pocket. Abbott

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162 MEDICAL ECONOMICS · OCTOBER 13, 1958

#### HOW WELL-MANAGED IS YOUR PRACTICE?

those who think that doctors' books should be kept on the double-entry system. But I have many respected colleagues in the management business who think single-entry is all right. And I have to confess that the Internal Revenue Service doesn't seem to care which method you use.

I'll content myself with one observation, therefore. Double-entry, by its comparison of totals arrived at in two different ways, brings accidental errors to light routinely; it also complicates the concealment of deliberate "errors." In single-entry, errors of

either kind are immortal if they pass the first scrutiny. For me, this is enough to give double-entry the nod.

#### 3. How often are your books audited?

Monthly								
Quarter	y							
Annually	,						×	
Never .						*		

You can't say you have a wellmanaged practice unless some outside person audits your books periodically. Handing them over to an accountant for the purpose of preparing your income tax return doesn't necessarily in-

in Kraurosis and Leukopiakia Vulvae, Postmenopausal and Senile Vaginitis, Pruritis Vulvae et Ani...

## HIST-A-CORT-E

CREME

DOME

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ACID MANTL

Stops itching instantly and completely.

Corrects thickening of skin-eliminates scaling.

Restores skin to normal softness and pliability.

Tends to negate necessity for surgery
in Kraurosis and Leukoplakia Vulvae.



THE MOST TRUSTED NAME IN DERMATOLOGICALS

Supply: With ½% hydrocortisone in ½ oz. and 1 oz. tubes, With 1% hydrocortisone in ½ oz. tubes, Sig: Apply twice daily



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MOL-IRON is not just another iron salt—but a specially processed co-precipitated complex of ferrous and molybdenum salts. Molybdenum tends to protect ferrous iron from oxidation to the more irritant ferric form. During the past 12 years, the outstanding therapeutic advantages of MOL-IRON have been established by 13 published clinical investigations\*—more than are available for any other iron preparation.

#### References:

Lund, C. J.: Am. J. Obst. & Gynec. 62:947, 1951.
 Dieckmann, W. J., and Priddle, H. D.: Am. J. Obst. & Gynec. 57:541, 1949.
 Chesley, R. F., and Annitto, J. E.: Bull. Margaret Hague Mat. Hosp. 1:68, 1948.

\* Complete bibliography available on request.

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"Of the 75 patients receiving iron [Mol-Iron] therapy, [only] one was forced to stop treatment..."

#### **OUTSTANDING EFFECTIVENESS**

"We have never had other iron salts so efficacious..."2

#### RAPID RESPONSE

"... produced a substantially more rapid therapeutic response than ferrous sulfate, the difference... being statistically significant." 3

#### **ECONOMICAL THERAPY**

Faster maximal hemoglobin response eliminates prolonged treatment.

Costs no more on prescription than ordinary iron salts!

For All Iron Deficiency Anemias— Especially When Complicated by Impaired Intestinal Absorption.

MOL-IRON with VITAMIN C TABLETS

Each tablet contains: Mol-Iron (195 mg. ferrous sulfate and 3 mg. molybdenum oxide) plus 75 mg. ascorbic acid. Dosage: 1 or 2 tablets t.i.d. as required. Supplied: Bottles of 100.

"Ascorbic acid is the one substance shown to greatly increase iron absorption through its capacity to maintain iron in the reduced state."

## there is a MOL-IRON preparation for all orally treatable anemias

For Anemias Complicated by Multiple Nutritional Deficiencies.

#### MOL-IRON PANHEMIC

The only complete hematinic providing the unique advantages of MOL-IRON

#### Only 2 capsules daily supplies:

Ferrous sulfate 1 Gm.
Molybdenum oxide
Vitamin B <sub>12</sub> with
Intrinsic Factor
Concentrate1 U.S.P. Oral Unit
Folic acid
Ascorbic acid
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Thiamin Mononitrate4 mg.
Riboflavin4 mg.
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Supplied in bottles of 60 cansules

WHITE LABORATORIES, INC. / KENILWORTH, NEW JERSEY

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sure this. He makes up the return on the basis of the information the books give him; but that doesn't make him responsible for their accuracy and completeness.

Some expert should periodically check the entries and see that the additions, subtractions, etc. have been correctly done. A monthly audit is best. It doesn't take long, and you have the comfort of knowing that no long period of time can go by without your watchdog watching.

Once-a-year auditing isn't enough. It's rather like being told what the patient's temperature was last month. The answer is historically interesting, but it doesn't help much with today's ailment.

4. How often do you spotcheck the books?

Daily								
Weekl	y							
Month								
Never								

You can guess the most frequent answer to this one, can't you? That's right: "Never." This is a tremendous compliment to the girls who work in doctors' offices. But, at the same time, it isn't fair to them.

Taking a personal squint at

the books at least once a month is good for you, and it's helpful to the girl. One of her gripes is that you leave it all to her—and then complain if something goes wrong!

You may say you wouldn't understand the damned things anyway. Even if that's the case, let her show them to you, and listen to her explanations. You'll stand a better chance of escaping the fate of the physician who told me: "I'd have trusted that girl with my last penny. Hell, I did trust her with my last penny, didn't I? I guess I'm lucky she didn't take more!"

The best spot-check you can make goes like this:

You riffle through the day book, stop at the page for last Wednesday, and copy out the names of all the patients who "charged" that day. Then you ask your Girl Friday to bring you the account cards of those patients. Don't explain why you want them.

Check to see that the names correspond on list and cards, and that the amounts shown as "charges" in the day book appear (with the same date) in the "charge" column on the account cards.

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#### PRACTICE MANAGEMENT

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Remember that the commonest embezzlement method is to show a cash payment as a charge in the day book. The girl then pockets the loot and writes on the account card "Paid" as a safeguard against sending the patient a bill and thereby being discovered.

Do your spot-checking at irregular intervals. But be sure to pick on some entries for (a) the week before Christmas, and (b) the week after your aide's vacation.

Ruthless? Not at all. Common sense.

5. Do your books show "Total Business Done" as well as "Total Collections"?

If you checked "No," you're in a worse way than you realize. Without a record of what you put on the books each day, you can't possibly know what proportion finally finds its way into your bank account. In other words, you can't measure your collection losses.

And as you'll see in a forthcoming self-test, measuring your collection losses and doing something about them is a must for any well-managed practice. END



In money this is the symbol for yen,



In pharmaceutical advertisements this symbol means there's a comprehensive description of the product in your copy of PHYSICIANS' DESK REFERENCE.



The Forand Bill—which would have provided health care for the elderly as a Social Security benefit—got nowhere in Congress this year. But though it may be temporarily dead, the problem it tried to tackle is very much alive. Maybe not right away, but sometime soon, there'll be further attempts to give some sort of Government health coverage to the aged. If any such attempt should succeed, it would undoubtedly further encroach on private medicine.

That's why informed doctors everywhere are on the alert. They believe it's up to them to forestall Congressional action. How? By finding a way to provide better coverage for individuals over 65 within the doctors' own health plans.

A few months ago, one such physician suggested his own answer in these pages.\* Said Dr. Alexander A. Jaworski,

<sup>&</sup>quot;See "How to Fight the Forand Bill," MEDICAL ECONOMICS, July 7, 1958.

does the specific job superbly well



## POLARAMINE

### REPETABS

daylong or nightlong relief

#### ASSURE UNEXCELLED ANTIHISTAMINIC PROTECTION

one REPETAB in the morning . one REPETAB in the evening

POLARAMINE REPETABS, 6 mg., bottles of 100 and 1000. Tablets, 2 mg., bottles of 100 and 1000.

SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY

Schering

chairman of the medical economics committee of the Pawtucket (R.I.) Medical Society:

"What [our senior citizens] need is some kind of paid-up health coverage . . . I see no reason why all existing Blue plan contracts shouldn't be replaced by new contracts offering paid-up-at-age-65 health coverage. Naturally, such coverage would cost the subscriber more during his working years. But he'd get continuing benefits without . . . continuing premiums after his retirement."

Is Dr. Jaworski's idea practi-

cable? Or, as one doctor charges, would paid-up-at-65 coverage "jeopardize and perhaps wreck" the whole structure of the Blue plans?

#### 'Blue' Leaders Speak

To sound out expert opinion on the subject, MEDICAL ECO-NOMICS has sought the views of several leaders of doctor-sponsored plans. The broad conclusion to be drawn from their replies:

Something must be done to help finance medical costs for the elderly. But though paid-up

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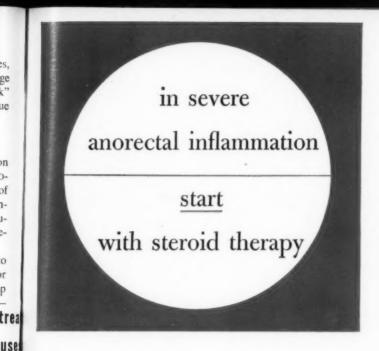
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Tablets of Caroid and Bile Salts have a three-way action: improve protein digestion with the enzyme, Caroid; aid fat digestion and maintain norms water balance in the colon to produce soft, formed stools with bile salts provide mild stimulation of the upper and the lower bowel with two gentiles actives. Caroid and Bile Salts with its ① digestant ② choleretic ② stimulant laxative action — encourages return to normal daily bowel function

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hemorrhoidal suppositories with hydrocortisone







## Antivert stops vertigo

(and a glance at the formula shows two reasons why)

each ANTIVERT tablet contains: Meclizine (12.5 mg.) to ease vestibular distension Nicotinic Acid (50 mg.) for prompt vasodilation

ANTIVERT is particularly useful for the relief of dizziness in the elderly. Try antivert on your next vertiginous patient.

Dosage: one tablet before each meal. In bottles of 100 blue-and-white scored tablets. Rx only.



#### BLUE SHIELD

Blue coverage may be a possible solution to the problem, it would create almost insurmountable problems of its own. Among them:

#### Some of the Obstacles

1. Since hospital and medical charges will probably continue to rise in the years to come, how can you estimate the cost of future paid-up benefits? And without dependable estimates of cost, how can you set realistic premium rates?

2. If rates were upped in order to finance the paid-up feature, wouldn't it become a lot harder to sell the Blue plans to young people?

3. The plans would have to accumulate huge reserves in order to provide for paid-up benefits. Wouldn't that bring on a new spate of management and investment headaches?

Inflation is apparently the knottiest of the above posers. As Dr. Richard J. Ackart, executive director of the Virginia Blue plans, explains it: "To compute the extra cost of paid-up benefits for a man under 40, a plan would have to know how much hospitals will be charging in twenty-five or thirty years. It seems impossible to predict such charges for even ten years."

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Frequently, a single dose of 'Thorazine' (either syrup or suppository) will stop vomiting caused by viral infections and help restore normal food intake and hydration. 'Thorazine' also promotes sound, uninterrupted sleep which is so necessary to recovery.

The high degree of safety with the use of 'Thorazine' in children is a consistent finding in the medical literature.

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Jay C. Ketchum, executive vice president of Michigan Medical Service, sounds a similar warning:

"The Blue plans could go bankrupt selling services for \$100 in 1958, and then trying to deliver them in 1988-when the cost may have risen to \$200."

#### Is 10% Enough?

In his MEDICAL ECONOMICS article, Dr. Jaworski estimated that a 10 per cent increase in present Blue plan rates might be enough to cover the cost of his proposed program. Most of the

insurance authorities queried by this magazine disagree. Here's a typical comment:

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"Suppose we turn the clock back twenty years. Would a 10 per cent rate increase in 1938 have financed paid-up benefits for people retiring today?" asks Dr. George G. Young, chairman of the Iowa State Medical Society's prepayment subcommittee. His own answer to the question: "a definite no."

Nor can the Blue plan men accept the possibility of gradual changes in rates to meet rising costs, as envisioned by Dr. Ja-



worski, if initial estimates prove wrong. "For the subscriber, that'd be like buying a pig in a poke," says Jay C. Ketchum. "And the current stern attitude of state authorities toward rate adjustments will discourage any plan administrator from taking on an obligation to be delivered thirty years in the future."

True, a couple of commercial insurance companies (Metropolitan and Prudential) already offer paid-up-at-65 contracts. But the Blue plan men point out that these are indemnity policies providing fixed dollar benefits in-

stead of services. Thus, they aren't affected by inflation.

Of course, it would be possible for the doctors' plans to switch from service to indemnity coverage. All the queried men say they'd strongly oppose any such move, however.

"In a limited indemnity policy, the insurance company has no worries about inflation, but the public does," explains Dr. Ackart. "Fifteen years ago, a commercial plan providing \$6 a day for hospital care and \$60 for extras was reasonably adequate. Today it isn't. Health costs are



rising so fast that any fixed dollar benefit that sounds good in 1958 is likely to be substandard by 1960, tragically inadequate by 1968."

Even if it were possible to find a satisfactory way of financing the paid-up program by raising premium rates, and even if the Blues could somehow manage to remain service plans, how would subscribers themselves react to the stiffer costs? A representative reply: "They'd get out in droves -especially the young and healthy ones."

Obviously, a paid-up-at-65

plan couldn't succeed unless supported by large numbers of good medical risks-i.e., healthy youngsters. Metropolitan and Prudential attract young people to their paid-up programs by charging them lower rates. But the community-rate idea is basic to the Blues. So unless the plans were willing to undermine the very foundation they're built on -an unlikely prospect-they'd have to charge standard rates regardless of age. And they couldn't do so without alienating younger subscribers, warn the experts. MORE

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Each nugget centai	ns:
Vitamin A.	5,000 Units
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Vitamin 8-1	2.5 mg
Vitamin B-2	2.5 mg
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Folic Acid	0.1 mg
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#### pulse rate up?

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You'll find it especially valuable in cardiac patients whose conditions are aggravated by heart speed-up. Through a unique heart-slowing action, independent of its antihypertensive effect, Serpasil prolongs diastole and allows more time for the myocardium to rest. Blood flow and cardiac efficiency are thereby enhanced.

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DOSAGE FOR TACHYCARDIA Dose range is 0.1 to 0.5 mg. (two 0.25-mg, tablets) per day conveniently taken in a single dose. Rapid heart rate usually will be relieved within 1 to 2 weeks, at which time the daily dose should be reduced. Suppression of tachycardia often persists after therapy is stopped.

NOTE: In patients receiving digitalis or quinidine, Serpasil therapy should be initiated with especially careful observation. Serpasil is not recommended in cases of aortic insufficiency.

SUPPLIED: Tablets, 1 mg. (scored), 0.25 mg. (scored) and 0.1 mg. Elixits, 1 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon.

slow it down with Serpasil

CIBA SUMMIT, N. J

#### BLUE SHIELD PAID UP AT 65

"I can't imagine that any man of 24 would agree to pay a higher premium for the next forty-one years in order to get paid-up coverage at 65," says Dr. C. Willard Camalier Jr., a member of the Washington, D.C., medical society's committee on medical care. "In his next job he may have to drop the Blue coverage in favor of a commercial policy. So he'll never get a thing."

Several of the men make similar points. For instance:

¶ "Out of 1,000 men age 35 who start paying the higher pre-

mium for paid-up coverage," says Jay C. Ketchum, "only 732 will live long enough to enjoy it. At those odds, a young fellow might very well prefer to spend the extra premium or invest it."

"Even with a 'captive audience," observes Dr. Young, "the promotion of a paid-up plan would take a real sales effort. No young person really expects to be medically indigent in his old age."

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In anticipation of such objections, Dr. Jaworski suggested one way of attracting young peo-



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#### CAPSULES

(black and white) 250 mg., 125 mg.

#### ORAL SUSPENSION

(orange-flavored)
125 mg. per tsp. (5 cc.),
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#### NEW! PEDIATRIC DROPS

(orange-flavored) 5 mg. per drop) calibrated dropper, 10 cc. bottle

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glucosamine potentiated tetracycline with nystatin

antibacterial plus added protection against monilial superinfection

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glucosamine potentiated tetracycline analgesic-antihistamine compound

For relief of symptoms and malaise of the common cold and prevention of secondary complications

CAPSULES (black and orange) Ea. capsule contains: Cosa-Tetracyn 125 mg. • phenacetia 120 mg. • caffeine 30 mg. • salicylamide 150 mg. buclizine HCl 15 mg.

REFERENCES: 1. Carlozzi, M.: Ant. Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W. and Staffa, A. W.: Ant. Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and Leukemia. Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornblect, T.; Chesrow, E., and Barsky, S.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

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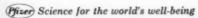
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- 1. Highest tetracycline serum levels
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ple to the program: Let the extent of benefits be based on years of participation in the plan. In other words, he explained, a long-term subscriber might be rewarded with full service benefits, whereas a person joining at an older age might get correspondingly less.

#### The Wrong Approach

Here again, though, the Blue plan leaders shake their heads. Any such arrangement would be a departure from Blue principles, they insist. Moreover, it would tend to defeat the purpose of paid-up insurance for those who may need it most. As Dr. Ackart puts it:

"The average Blue Cross member is about 40 years old and has twenty-five years to go before he retires. Let's say he gets full service benefits. Then a man entering the plan at 60 would be entitled to only one-fifth as much, according to Dr. Jaworski's suggestion. So a full 80 per cent of his hospital charges would have to come out of his own pocket! I don't think the Blue plans would countenance such a program." MORE

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#### BLUE SHIELD PAID UP AT 65

So much for the twin problems of cost and sales. A final major obstacle seems to be the complexity of administering a paid-up program and of handling the enormous reserve fund it would need.

"Would each man's benefits be credited to his own separate account?" asks James E. Bryan, staff associate to Blue Shield. "Would his benefits be limited to his own private reserve? Would he get the money back if he quit the plan?"

What's more, the reserve fund might tempt demagogues to see rich pickings in the doctors' plans, warns Dr. Howard N. Simpson, a member of the Massachusetts Medical Society's Blue Shield-Blue Cross committee: "If every soap-box orator were to take pot shots at it, the fund could dwindle in a hurry."

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In view of all the above, some of the men whom MEDICAL ECONOMICS has queried say they see little or no hope for a workable paid-up-at-65 program. "A paid-up arrangement would be so complex that both the patient and the doctor would be unhappy with it," concludes Dr. Henry

announcing ... oral iron under CHELATE control

■ notably effective ■ exceptionally well tolerated ■ the safest iron to have in the home ■





CHELATED IRON



J. Babers Jr., chairman of the Florida Medical Association's Blue Shield committee. "A simple and direct plan of coverage for the older age groups would be far better than making promises that might be almost impossible to keep."

But all the men agree that any positive suggestion for wider health coverage is worth thinking about. Says Dr. Simpson:

"For years we have smugly ignored the economics of medical care for the elderly, until suddenly a politician has grabbed the ball and run with it. So far, all we doctors have done is scream that the rules of the game have been violated. Instead, we should put our heads together and do something about it."

"I am certain that given a little time, American medicine, through Blue Cross and Blue Shield, can provide medical care for the over-65 age group," adds Dr. Paul A. Clayton, president of the Utah Medical Service Bureau. "Experience in Blue Shield has taught me one lesson: What appears impossible to solve today is easily settled tomorrow."

ttis iron may be maintained in solution over a greater area of the gastrointestinal tract, thus permitting an optimal physiological uptake ... ??

Possesses outstanding qualities in terms of freedom from undesirable gastrointestinal effects. 77

ity and provided a high factor of safety against fatal poisoning. "

AVAILABLE AS: CHĒL-IRON TABLETS/3 tablets supply 120 mg. elemental iron; bottles of 100. CHĒL-IRON PEDIATRIC DROPS/each cc. supplies 16 mg. elemental iron; 0.5 cc. provides full M.D.R. for infants and children up to six; 30-cc. bottles with graduated dropper. CHĒL-IRON PLUS TABLETS/3 tablets supply 72 mg. elemental iron plus Biz with intrinsic factor, folic acid, pyridoxine, other essential B vitamins, and C; bottles of 100.

\*Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, Apr. 5, 1958. †U. S. Pat. 2,575,611

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# Why do they in a rubber band

The next time you prescribe elastic stockings (and doctors do prescribe 2 out of every 3 purchased) remember why they put rubber in the rubber band.

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There's lots of talk these days about the new "support hose" that contain no rubber.

The name is a misnomer because they cannot give complete support. It's as simple as that.

They do stretch. But lots of things stretch. In an elastic stocking, what counts is "return-action"—the compression of the rubber trying to return to its original shape.

All-elastic stockings by Bauer & Black (with rubber in every supporting thread) provide that return-action—with continuous, uniform compression—necessary for proper support.

#### 51 gauge sheerness

And only Bauer & Black gives your patients a *complete* wardrobe of elastic stockings... with all-elastic hose for every type of wear (from workaday stockings to dressy 51 gauge styles), starting as low as \$3.45 each. Expert fitting available at drug, department, and surgical supply stores.



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MEDICAL ECONOMICS · OCTOBER 13, 1958 189

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# HOW TO HANDLE THE HEART PATIENT

Here are the words experienced medical men use to explain the disease, restore the patient's confidence, and spur his recovery.

By John E. Eichenlaub, M.D.

When you tell a patient he has coronary disease, every word you use is crucial. The disease may be aggravated if what you say is emotionally disturbing to the patient. On the other hand, if your words give him hope, he'll be more likely to cooperate with you in your treatment. In fact, his attitude toward the illness is the largest single barrier to overcome in rehabilitating him, according to most authorities.

With so much at stake, several doctors I know have made a point of working out reassuring ways to discuss the ailment with coronary victims. Here are some of the things they do:

They explain pathogenesis simply and straightforwardly, avoiding all frightening labels.

When a coronary patient asks Fred Harris, my cardiac consultant, about diagnosis, Fred doesn't use ex-

PA.

Inc.

#### HOW TO HANDLE THE HEART PATIENT

pressions like "heart attack." Instead, he reaches for pencil and paper.

"You've got a stopped-up blood vessel near your heart," he may say. Then he draws a simple sketch and uses it to illustrate

his points:

"This stopped-up vessel keeps fresh blood from reaching a patch of heart muscle. The halfstarved patch of muscle cramps up-and that's why you have pain."

"But can my heart go on

working this way?" the patient may ask.

"Of course," says the doctor. "The vessel that's stopped up supplied blood to a very small portion of the muscle. The rest of your heart still enjoys adequate circulation. It'll carry you along till you get well."

"But will I get well?"

Dr. Harris smiles.

"Let me draw you another sketch," he says. "Now, here's how the body usually repairs this kind of damage. The stopped-up



"Plasterers' local 308 is simply going too far!"

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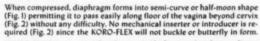
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FIG. 1

- 1. Expressly designed to assure your patient ease of insertion and automatic placement.
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- 3. Patients learn faster and develop greater confidence because of the ease with which they learn to place and use the diaphragm.
- Affords greater patient protection by locking in spermicidal lubricant and delivering it directly under and next to the os uteri. 5. Folds behind pubic bone with suction-like action forming a more
- effective barrier. 6. Simple to remove.



KORO-FLEX (contouring) Diaphragm is ideal, not only where ordinary coilspring diaphragms are indicated but for Flat rim (Mensinga) type

May be used in cases of mild prolapse, cystocele or rectocele.



KORO-FLEX COMPACT 60-95 mm Sanitary plastic bag with zipper closure. Diaphragm, tube KOROMEX Jelly (3 oz.), Cream (1 oz. trial size).

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part of the blood vessel becomes a band of harmless scar tissue. New blood vessels open up from the still-sound arteries in the area; and they supply some of the heart muscle that used to depend on the stopped-up vessel.

"If new vessels can't take over the whole job, the bit of heart muscle that remains unsupplied with blood turns into hard, firm scar. The bulk of the muscle can still provide circulation without the least difficulty."

#### 'How Long?'

The patient's next question is almost certain to be: "How long will it take?"

"It takes several weeks to get firm scar tissue formed," the doctor answers. "It may be a few months before the scar has shrunk down to maximum firmness and the normal heart muscle has built itself up.

"Until the scar tissue has formed and firmed up fully, you won't want to put any undue burdens on your heart. That's why you're going to be on a strict rest program for a while. But we have tests to show exactly what stage of healing you're in, so we'll get you up in perfect safety as soon as you're ready."

If you've read the above dialogue carefully, you've probably noted several key points about it:

1. Dr. Harris locates the problem away from the heart in a stopped-up vessel, which sounds much less frightening to most patients. He stresses the fact that the bulk of the heart has suffered no impairment. And he shows graphically that the process can heal.

2. He avoids scare concepts in motivating the patient to cooperate with a rest program.

3. Last but not least, he plants the seeds of confidence in medical judgment of the time when the patient may safely get up—an anxiety-ridden experience for which most patients require a great deal of preparation and support.

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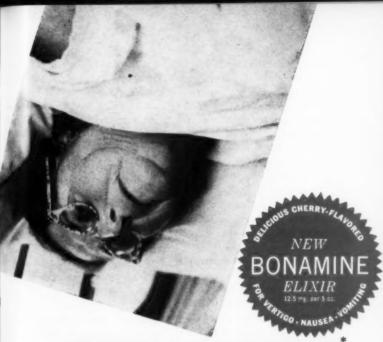
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#### **Outline the Therapy**

They explain proposed treatment in detail, giving the patient an advance idea of his step-bystep recovery.

The doctor who outlines a definite, detailed regimen for the worrisome months ahead takes some of the worry out of those months. A long-range forecast helps the patient understand that day-to-day discomforts are part



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# to prevent vertigo, nausea, vomiting as in the postoperative patient

In a study involving 144 patients, Bonamine demonstrated its marked suppressor effect, "contributing to the comfort and clinical well-being of patients recovering from surgery..."

"considered solely as an anti-emetic agent...it is equally effective in operations involving the body cavity, and in other operations..."1 dramatically reducing the risk of wound disruption, aspiration of vomitus, and dehydration following vomiting.

Also indicated for vertigo, nausea, vomiting in: cerebral arteriosclerosis • other geriatric conditions • pediatric infections • morning sickness • opiate or other drug therapy • radiation therapy, Menière's syndrome, fenestration procedures, labyrinthitis • motion sickness.

BONAMINE Tablets scored, tasteless, 25 mg. Boxes of 8, bottles of 100 and 500.
BONAMINE Chewing Tablets, pleasantly mint flavored, 25 mg. Packages of 8.

PFIZER LABORATORIESDivision, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

1. Kinney, J. J.: J. M. Soc. New Jersey 53:128, 1956.

Trademark

of a larger picture. And the wise doctor sets up as slow a program as he thinks the patient could possibly require. He thus leaves himself room for encouraging modifications.

Here's how I heard a local G.P. outline the regimen for one heart patient, a year or so ago:

"You'll be in bed about six weeks. We'll keep you in the hospital until we have your clot-preventing pills adjusted to exactly the right dose.

"Then you'll be at home, but you won't go back to work for another two months. Don't count on doing anything useful during that period—though you will be able to manage your personal needs without help.

"After that it'll be part-time work for a few more months. Then you're likely to be ready for practically anything."

#### **A Lucky Patient**

In actual fact, the patient got out of bed in three weeks. He was back at work four weeks later, and on a full schedule three months after his attack. At each stage, he was gratified to find himself doing "better than expected."

They anticipate common car-

diac fears and quash them before they take hold on the patient's imagination.

I recently reviewed a movie about heart disease. It had been made for high-school students, and it was one of the best I've seen—except for one glaring fault:

#### **Diagram Misled Them**

As a schematic heart pumped away on the screen, the announcer explained how it would beat harder and faster under strain. It did. Then the speaker went on: "But if the strain becomes too great, the heart fails."

At this point, the schematic heart on the screen stopped. Instantly, permanently, irretrievably.

Unfortunately, that's the popular view of heart failure. It's visualized as an instantly fatal phenomenon, brought on by undue emotion or exertion. What could be more frightening? What could lead more directly to invalidism?

Such false ideas are so universal that every cardiac patient should be disabused of them—and fast. An internist of my acquaintance does it this way:

"Your heart can normally



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with

### POLARAMINE

dextro-chlorpheniramine maleate

### **REPETABS**

daylong or nightlong relief

The allergic patient who starts the day with one 6 mg.

POLARAMINE REPETAB enjoys continuous symptomatic relief all day.

Nighttime—Another REPETAB keeps the patient
symptom-free to enjoy uninterrupted sleep.

You and your allergic patients can depend on POLARAMINE REPETABS for unexcelled antihistaminic protection around the clock...at doses lower than other antihistamines.



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POLARAMINE REPETABS 6 mg., bottles of 100 and 1000. Tablets, 2 mg., bottles of 100 and 1000.

SCHERING CORPORATION . BLOOMFIELD, NEW JERSEY

Schering

#### HOW TO HANDLE THE HEART PATIENT

pump many times as much blood as you need to keep you alive," he tells the patient. "When you run or climb stairs, it actually works nine times as hard as when you sit quietly. We speak of 'heart failure' when we mean that a person must stop any of his usual activities because of complaints that stem from heart disease.

"In other words, when your heart fails to bear up under the heaviest burdens you put on it, you have what we call 'heart failure.' That sounds far worse than it is. It leaves you a considerable margin of safety for indulging in your ordinary pursuits.

"What's more, you needn't assume you risk sudden death with any undue exertion, either. The fact that you've had heart failure simply means you'll find it more comfortable to live inside your heart's limitations."



"That's right, Doc, I'm 110 . . . and I owe my longevity to the fact I wasn't shot in the Civil War."

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## Rx for complete records... dictate your case histories instantly to the Voicewriter

You START to put the patient on paper before she's closed the door to your office! It's that easy to keep ahead of case histories and other essential paper work when you can just "talk them away" to your Edison Voicewriter.

Changes paper work time to patient time! Clean up correspondence, case histories, operative reports, x-ray readings, research and medical papers when you're ready . . . without having a secretary on hand. Dictate to your Voicewriter at any time of day or night . . . at home, in your car, in the office, at the hospital. Then just turn the Voicewriter Diamond Disc over to your secretary or receptionist and you're free for other important activities.

Records are more accurate than ever! Your secretary types exactly what you say... not what you dashed out on paper or what she took down in shorthand. Your voice comes through clearly... no chance of error in transcribing. And your work is turned out with greater speed and accuracy than you've ever dreamed possible.

See for yourself! Contact your Edison medical representative for a free Voicewriter tryout—or write Medical Dept. ME-1013 at the address below.

Edison Voicewriter . a product of Thomas A. Edison Industries

Thomas A. Edison Industries, West Orange, N. J. In Canada: 32 Front Street W., Toronto, Ontario



They kindle hope in the patient by quoting encouraging recovery figures.

Does a heart attack inevitably end the sufferer's useful life? Of course not. But too many laymen think it does.

Not long ago, a hard-working farmer who'd had a coronary said to my friend Peter Knapp: "Reckon I'll never walk a mile again, eh, Doctor?"

#### **Ten-to-One Chance**

"Nonsense!" said Dr. Knapp.
"Your chance of getting back to
full-time work is ten times as
great as your chance of becoming
a stay-at-home.

"If I lined up five fellows who'd just survived heart attacks, I'd bet that four of them would get back on the job soon. That'd be at the very start of the trouble.

"In your case, you've already passed the worst time for complications. So your chances are better still."\*

"I'm glad to hear that," said the patient. "How soon can I go back?"

the mortality level. But it's essentially ac-

"We'll have to check your tests to see. When your heart's had a chance to mend, we'll start you back a little at a time. We'll let you do heavier work as your tests show you're able. But we'll have to feel our way.

"I won't promise you'll ever be able to do everything you used to. But I will promise this: You can work right up to the limit your heart sets without doing yourself one bit of harm.

"In fact, I want you to work up to the limit. You'll actually get well faster if you do exactly as much as your heart allows you to at each stage of your recovery."

#### No Agonizing Appraisal

You've undoubtedly noticed how the emphasis on recovery and on safe activity runs through all my doctor-friends' techniques. The doctors' calm appraisal of the true facts and their clearly stated confidence in the outcome make patients realize that the situation is under control.

I'm convinced that the resultant freedom from blind fears is the first—and perhaps most important—step in any therapeutic program.

Don't you agree?

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"Insurance and rehabilitation figures for coronary victims show 12 per cent mortality, 8 per cent permanent disability, 80 per cent resumption of full-time work after recovery. Dr. Knapp's summary glosses over



Serpasil® offers 2 special advantages for hypertensive patients, report St. Paul clinicians

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Physicians in St. Paul, Minnesota, find hese actions of Serpasil desirable for many hypertensive patients:

l. Serpasil relieves the tachycardia that so often accompanies high blood pressure.

 Serpasil has a rather pronounced central effect which is beneficial when hypertension is associated with frank anxiety or tension.

The experience of 450 physicians throughout the U.S. (interviewed during the course of a world-wide survey\*) illustrates these advantages. Excellent of good overall response was reported

in 74 per cent of 871 patients who received Serpasil for hypertension with anxiety-tension; 80 per cent excellent or good response was reported in 261 patients who were treated with Serpasil for tachycardia.

If your hypertensive patient exhibits marked anxiety-tension—or if his heart rate is up—why not give him the extra benefit of Serpasil therapy?

SERPASIL® (reserpine CIBA)

C I B A

\*Complete information about the results of this survey will be sent on request.

## Get Ready for The Jenkins-Keogh Plan!

This long-overdue tax deferment for the self-employed nearly squeezed through Congress in '58. Its passage in '59 is expected. So get acquainted with your prospective pension rights

This past summer, doctors and other nonsalaried professional men came closer than ever to getting the right to set up tax-favored retirement plans. The best-informed observers believe that a final push between now and January, when the new Congress meets, can actually put the required law onto the statute books.

"We've heard that one before," some of you will say. And you'll point out that in past years such proposals haven't reached first base.

Maybe not-in past years. But on July 29, 1958, the House of Representatives passed the proposed "Self-Employed Individuals' Retirement Act of 1958" sponsored by Representative Eugene J. Keogh (D., N.Y.) The Keogh bill—popularly known as Jenkins-Keogh, because it's identical with another bill sponsored by Representative Thomas A. Jenkins (R., Ohio)—was immediately introduced in the Senate and referred to the Senate Finance Committee. But the press of other last-minute business was

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# "fingers and toes feel like ice"

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Eu-The n as denored A. menate Firess was ficiency: produces immediate reassuring warmth: relieves pain and muscle spasm: helps correct metabolic impairment:

Vastran relaxes constricted peripheral blood vessels, thus promptly warming cold extremities, relieving pain and helping to prevent skin ulcers. Vastran also provides essential cofactors to help correct metabolic impairment secondary to ischemia. Indicated in peripheral vascular disease including thromboangiitis, chronic chilblains, and Raynaud's disease. Also indicated in control of migraine and vertigo; and as adjunctive therapy in musculoskeletal inflammation and spasm.

Each vastran® table contains: nicotinic acid, 50 mg.; ascorbic acid, 100 mg.; riboflavin, 5 mg.; thiamine mononitrate, 10 mg.; pyridoxine hydrochloride, 1 mg.; cobalamin (vitamin B<sub>12</sub> activity), 2 mcg.; calcium panothenate, 5 mg. Usual Dosage: vastran\*: 1 tablet q.i.d., before meals. For initial therapy in acute and severe conditions! Vastran AMP Solution, more than injectable Vastran | Rapid vasodilation complemented by adenosine monophosphate to help restore normal muscle function by increasing biochemical energy stores. Each cc. contains adenosine 5-monophosphate, 25 mg.; Nicotinic Acid, 20 mg.; Vitamin B<sub>12</sub>, 75 mcg.

WAMPOLE LABORATORIES, STAMFORD, CONNECTICUT



MEDICAL ECONOMICS · OCTOBER 13, 1958 20.



soothes
sore throats
helps
control
oropharyngeal
infections

## "a bacteriostatic bath" for the oropharyngeal mucosa

Orabiotic Chewing Troches provide a unique and valuable means of symptomatic relief and specific treatment in superficial bacterial infections of the mouth and throat. too adj bill

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Chewing Orabiotic spreads antibiotic-laden saliva over the entire oropharyngeal area and into the deeper mucosal recesses. Beneficial exercise of local muscles is provided by intermittent chewing and swallowing.

The outstanding anti-infective efficacy of Orabiotic has been demonstrated in 283 "post T&A" patients. The incidence of secondary hemorrhage—a sequel of local infection—was less than 1%.1-3

Orange contains neomycin and gramicidin for wide-spectrum bactericidal and bacteriostatic action against those gram-positive and gram-negative bacteria responsible for the majority of superficial oropharyngeal infections. Propesin, an effective topical analgesic agent, superior to benzocaine, does not interfere with taste sensation.

Orabiotic is virtually nonirritating and nonsensitizing. These delicious cherry-flavored chewing gum troches are enjoyed by patients of all ages.

Each delicious chewing gum troche contains:

Neomycin (from sulfate) 3.5 mg. Gramicidin 0.25 mg. Propesin (propyl p-aminobenzoate) 2.0 mg.

DOSAGE: One troche q.i.d. chewed for 10-15 minutes. AVAILABILITY: Packages of 10 and 20.

- 1. Granberry, C., and Beatrous, W.P.: E.E.N.T. Mo. 36:294 (May) 1957
- Rittenhouse, E.A.: E.E.N.T. Mo. 36:406 (July) 1957.
   Fox, S.L.: Clin. Med. 4:699 (June) 1957.



Thiles WHITE LABORATORIES, INC., Kenliworth, New Jersey



Analgesic/Antibiotic CHEWING GUM TROCHES

ORABIOTIC



too great. The Upper Chamber adjourned without taking up the bill; and so it died.

Only for the time being, though. Next year, Representative Keogh intends to introduce the same bill. He's certain that this time it'll pass in both chambers. "In view of the action of the House this year," he predicts, "the bill should be cleared promptly in 1959. I'm confident it will be enacted into law."

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What will the Keogh bill do for you if it's enacted in the form approved by the House several weeks ago?

In brief, it'll give you a substantial new income tax deduction for money that you put aside in order to provide for your retirement. Such "retirement deposits," as they're called, must go into either (a) a "restricted retirement policy"—that is, an annuity or endowment contract sold by an insurance company—or (b) a "restricted retirement fund"—that is, a tax-free trust fund administered by a bank.

#### Why the Tax Is Smaller

You won't have to pay taxes on these savings (and on what they earn) until you draw on them, starting some time before you reach age 70½ at the latest. Since your other income will probably be smaller then, and since you and your wife will have additional old-age exemptions, Uncle Sam will naturally get a smaller cut. (Under the present law, as you know, you must pay taxes in your high-income years on whatever you manage to put aside.)

#### **About That Deduction**

Here are the important rules in the bill about the annual deduction for retirement deposits:

- 1. If you're not over 50 as of Jan. 1, 1959, the most you can deduct each year will be 10 per cent of your net earnings from self-employment, but not more than \$2,500.
- 2. If you're over 50 as of Jan. 1, 1959, this limit will be increased by one-tenth for every full year of your age in excess of 50. For example, a man of 55 will be able to deduct 15 per cent of his annual net, but not more than \$3,750. (Reason for this break: The older man has less time to save for retirement.)
- 3. Your retirement deposits may not total more than \$50,000 during your lifetime. (This limit applies only to the sums you set

# KEEPS HEADS



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## CRYSTAIL CLIEAIR

REMARKABLE LACK OF SIDE EFFECTS

# Rynatan

Major advance in therapy for SINUSITIS RHINITIS CORYZA

ALL DAY ... ALL NIGHT RELIEF WITH A SINGLE ORAL DOSE

WITHOUT the drowsiness, dizziness or G-I disturbances typical of antihistamine therapy



- \* Keeps heads clear 10-12 hours
- \* Stops the cycle of post-nasal drip
- \* Provides controlled, even absorption



2 CONVENIENT DOSE FORMS...BOTH DURABONDED

Each tabule contains:	Suspension (Pediatric)-each 5 cc. contains:	
Phenylephrine Tannate	Phenylephrine Tannate 5.0 mg.	
Prophenpyridamine Tannate 37.5 mg.	Prophenpyridamine Tannate 12.5 mg.	
Pyrilamine Tannate	Pyrilamine Tannate12.5 mg.	

TABULES: Usually 1 or 2 tabules each 12 hours. SUSPENSION (PEDIATRIC):

Children: Six years and older, 1 to 2 teaspoonfuls each 12 hours; under six years, according to age. Dosage may be increased or decreased as required. \*A Durabond Process-Neisler Exclusive. Patent Pending

Write for Literature and Samples

SUPPLY: Tabules: Bottles of 30 and 500. Suspension: Bottles of 70 cc. and one pint.



aside-not to the additional sums such deposits earn.)

4. You can make your deposits for any year up to three and a half months after the end of that year. Thus, you'll have the necessary time to figure your net income for each year and to decide how much to put into your retirement plan.

#### Policy or Fund?

Under the Keogh bill, an annuity or endowment contract that you already have can serve as your restricted retirement policy. Or else you can buy a new contract for this purpose. Old or new, however, the contract must provide that its entire value will be distributed in one of the following ways:

1. You can take a lump-sum payment on or before the date when you reach 701/2; or ...

2. You can choose a life annuity or an annuity certain for you alone, or a joint life or jointand-survivor annuity for you and your wife. Any such annuity must start before you're over 701/2.

Your policy must be nonassignable, too. And after age 701/2 it can't give you any life insurance protection. In fact, if at ear-

lier ages it does combine life insurance protection with annuity or endowment features, you can deduct only the portion of your premium that goes for the annuity or endowment benefits. The life insurance part of the premium won't be tax-deductible.

Instead of putting your money into a restricted retirement policy, you can get your yearly deductions by making deposits in a restricted retirement fund, with a bank as trustee. The bank will invest your deposits in securities, and you won't have to pay current income taxes on the resulting dividends, interest, and capital gains as they accumulate over the years.

Any such fund can be just for you. Or it can be a joint affair in which other self-employed individuals participate-say, members of your medical society.

The rules for payments from such a fund are much like the rules that apply to a retirement policy. There must be a distribution from your fund by the time you reach 70. And the distribution must take one of the following forms:

1. A lump-sum payment of all your deposits plus accumulated earnings; or . . .



You can help extend her calorie control...

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## one PHANTOS capsule

DAY-LONG ACTION

provides day-long appetite suppression and mood elevation.

PHANTOS helps counteract the constipation and bedtime wakefulness which so often complicate reducing regimens.

Each Phantos capsule is constructed with a built-in timetable to release three separate sets of components at intervals which provide day-long action...eliminates the "forgotten" dose.

- ALL RELEASES—appetite control and mood elevation
- IMMEDIATE RELEASE—aloin to counteract constipation
- FINAL RELEASE—phenobarbital to offset evening excitation

IMMEDIATE RELEASE provides	X	Amphetamine Sulfate	*counteracts morning constipation
NTERMEDIATE RELEASE	X	Amphetamine Sulfate 5 mg. Thyroid	

RELEASE provides	Amphetamine Sulfate 5 mg. Thyroid 1/2 gr. *Phenobarbital 1/4 gr.	*relieves evening excitation
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DOSE: one capsule on arising SUPPLY: bottles of 30, 250 and 500 FRANKAY LABORATORIES, INC., Harrison, New Jersey

#### THE JENKINS-KEOGH PLAN

2. Starting before you're over 701/2, a life annuity or an annuity certain for you alone, or a joint life or joint-and-survivor annuity for you and your wife; or . . .

3. A series of yearly installments. None of these can be less than one-tenth of your interest in the fund at the time you reach 70. And the last installment must be paid to you before you're 80.

In addition, if you die before 70, your deposits and earnings must be distributed within five years after your death. They may be paid out in a lump sum or used to buy an annuity for your widow.

At no stage of the game can you transfer your interest in the fund to anybody else-not even temporarily. For example, you can't give it to a bank as security for a loan. But you can name one or more persons to get the money at your death.

#### Rules for Investing

The bill closely regulates retirement-fund investments made by the bank in your behalf. Here are the rules:

1. Only Government bonds,

# Compazine\*

prochlorperazine, S.K.F

the tranquilizer and antiemetic remarkable for its freedom from drowsiness and depressing effect

\*T.M. Reg. U.S. Pat. Off.

all the advantages of true disposability



### YALE STERILE DISPOSABLE

### HYPODERMIC NEEDLES

DEVELOPED FOR ONE-TIME-USE-

NEW SHARPER POINT

MEDICALLY TESTED PLASTIC HUB

A STERILE, NONPYROGENIC, NONTOXIC, B-D CONTROLLED NEEDLE

mutual fund shares, or corporate stocks and bonds that are sold on a securities exchange registered with the Securities and Exchange Commission may be bought by the bank.

2. The bank can't buy stock in a corporation if you (and any other self-employed individuals who participate in the same retirement fund) will thereby own more than 10 per cent of the voting stock.

3. For certain "prohibited transactions" the retirement fund will forfeit its tax exemption. For instance, if the bank buys securities for the fund from you or sells securities of the fund to you, the fund will lose its exemption. What's more, your entire interest in the fund will become immediately taxable to you.

Speaking of investments: If you join with other self-employed men in a single fund, you'll have a better chance for diversified and profitable investments. A large tax-exempt pool of deposits and earnings will also have a relatively smaller overhead (e.g., fees of trustees and brokers). Even if these factors make a difference of only onehalf of 1 per cent over a period

of time, it'll pay you to join a group retirement fund.

For instance, suppose you put \$2,500 a year into a retirement fund. After twenty years, you'd have a total of \$70,000 at 31/2 per cent compound interest. But at 4 per cent you'd end up with \$74.500—\$4.500 more.

#### How You'll Be Taxed

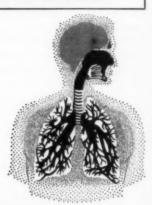
In general, you'll be taxed only when payments are made to you from your retirement fund or under your insurance policy. But if the fund's trustee buys an annuity contract for you, you won't have to include its value in your income in the year he turns the contract over to you. You'll be taxed only on the contract benefits as you get them year by year.

The bill assumes that you'll probably choose an annuity with benefits starting between ages 641/2 and 701/2. You'll then include the full amount of each year's benefits in your gross annual income.\* MORE >

One important exception: If you're now paying premiums on an annuity contract that you later convert into a restricted retirement policy, you won't have to pay any future taxes on the portion of each year's benefits representing a return of your pre-conversion premiums. Reason: Such pre-conversion premiums have already been taxed since they weren't deductible at the time of payment.

### NOW-pleasant-tasting 'SUDAFED' ... SYRUP

oral 'SUDAFED' for



## NASAL DECONGESTION PLUS

decongestion of the mucosa of the entire respiratory tract

- QUICK RELIEF—15 TO 30 MINUTES
- GENTLE, PROLONGED ACTION—4 TO 6 HOURS
- SELDOM CAUSES CENTRAL STIMULATION

dosage for adults: 60 mg., 3 or 4 times daily

children -4 mos. to 6 yrs.: 30 mg., 3 or 4 times daily

'Sudafed' brand Pseudoephedrine Hydrochloride Tablets - 30 mg. sugar coated, 60 mg. scored Syrup-30 mg. per 5 cc. teaspoonful



RROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York

MEDICAL ECONOMICS · OCTOBER 13, 1958 213

Special rules will cover the following types of payment:

1. If you take a lump-sum cash payment after age 64½. In order to figure your tax, you'll normally begin by figuring out how much extra tax you'd have to pay that year if you included in your income only one-fifth of your total retirement payment. You'll then multiply this amount of extra tax by 5; and the result will give you your tax on the entire payment.

Why this rather complicated method of calculation? Think about it a moment, and you'll

# Amusing . . . Amazing . . . Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

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#### A NEW

a vitally different approach to the therapeutic concept coronary artery disease a tablet of heparin

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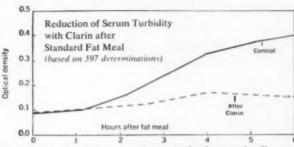
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214 MEDICAL ECONOMICS · OCTOBER 13, 1958

#### ADVANCE in the management of atherosclerosis

# Clarin \* (sublingual heparin potassium, Leeming)

clears lipemic serum



Dosage:

Each time your patients eat a substantial fat-containing meal, lipemia results. Small amounts of injected heparin will help control this increased fat content in the blood, 1.2 but widespread adoption of this method has been hampered by its inconvenience, pain, cost and the necessity for periodic checks on blood clotting time.

Now, long-term preventive heparin therapy is practical for the first time with the introduction of CLARIN—which is heparin in *sublingual* form. Each CLARIN tablet contains 1500 I. U. of heparin potassium—a sufficient amount to clear lipemic serum without affecting coagulation mechanisms.<sup>3,4</sup>

With one mint-flavored CLARIN tablet under the tongue after each meal, lipemia is regularly controlled, removing a constant source of danger to the atherosclerotic patient. He may eat safely, with less fear of dangerous results, without hard-to-follow diets.

The varied implications of CLARIN in beneficially affecting fat metabolism are obviously far-reaching. The relationship between heparin, lipid metabolism and atherosclerosis may well be

111

analogous to that between insulin, carbohydrate metabolism and diabetes mellitus.<sup>5</sup>

Use CLARIN to protect your atherosclerotic patients – the postcoronaries and those with early signs of coronary artery disease.

Indication: For the management of hyperlipemia associated

with atherosclerosis.

After each meal, hold one

tablet under the tongue until dissolved.

Supplied: In bottles of 50 pink, sublingual tablets, each containing 1500 I. U. heparin potassium.

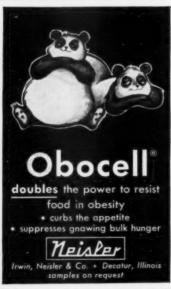
Council on Drugs, J.A.M.A. 166:52 (Jan. 4)
 1958. 2 Hahn, P. F.: Science 98:19 (July 2)
 1943. 3. Fuller, H. L.: A. M. A. Scientific Exhibit, June, 1958. 4. Rubio, F. A., Jr.: Personal communication. 5. Engelberg, H., et al.: Circulation 13:489 (April) 1956.

\*Trade Mark. Patent applied for.

Thos. Leeming & Co., Inc.

155 East 44th Street, New York 17, N.Y.





#### THE JENKINS-KEOGH PLAN

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see that it's a way of cushioning the tax blow, since it reduces the effect of progressive tax rates.

2. If your beneficiary gets a lump sum at your death. Here again the divide-by-5 method will apply. Note this refinement, though: If you had a restricted retirement policy that provided life insurance protection, your beneficiary will apply the method only to the cash surrender value of the policy immediately before your death. Proceeds over and above the cash surrender value will be tax-free, because you paid for the life insurance portion of the contract with nondeductible premiums.

3. If you receive any payments at all before age 64½. In order to discourage such early payments, they'll be subject to a penalty tax. If the payment you get in any year is less than \$2,500, the penalty is an extra 10 per cent of the normal amount





#### Patients can tell the quality. but PATRICIAN'S modest price is your surprise



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A glance at the familiar G-E nameplate tells people this is quality - but have you discovered Patrician's remarkable value? Have you ever seen a low cost x-ray unit with all these features? Included are both fluoroscopic and radiographic facilities; 200-ma full-wave power; full-length 81" table; independent tubestand; recipromatic Bucky; rotating-anode tube and much more all yours at a price competitive with other low cost units.

#### MEET THE PATRICIAN PERSONALLY!

Your G-E x-ray representative will be happy to introduce you to one in your area. Or write X-Ray Dept., General Electric Co., Milwaukee 1, Wisconsin, for Pub. C-101.

Progress Is Our Most Important Product





ELECTRIC



#### Have you ever visited

L's a land of a fabulous, Knesome kind of beauty. Beneath this beauty lies the promise of tremendous adventure and reward. Alaska has rich timber forests—and industrious people, about 160,000 of them. Running through it are waterways that yield fish by the thousands of tons, as well as endless power for factories. Eskimos, newand used-car dealers, bankers and farmers, drillers and school children, lumberjacks and engineers—all can be found living lives pretty much like those of any other U. S. citizens.

Summers are short but the Japanese Current keeps them pleasant, especially on the coast. Year-round temperature is somewhat lower on the average. Alaska gets its share of snow and rain, too. So, as you'd expect, a lot of folks get stuffy noses just as they do here. In fact, we just shipped another batch of TYZINE up there - the nasal decongestant for quick, long-lasting action. We suggest that you try TYZINE in the appropriate dosage form for your patients' nasal congestion due to colds or allergy. It is entirely free from unpleasant taste or odor, with virtually no sting, burn, or rebound congestion.

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for nasal patency in minutes for hours

### Tyzine Brand of Y Totrahy lozalitos Hydrochloride

Nasal Solution, 1-oz. dropper bottles,

Nasal Spray, 15 cc., in plastic bottles,

Pediatric Nasal Drops, 1/2-oz. bottles, 0.05%, with calibrated dropper.

If you should be going to Alaska you'll find the other proved Pfizer medications readily available. Before you start, let us send you some BONAMINE\* for your traveling comfort.

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#### THE JENKINS-KEOGH PLAN

of additional tax owing to the payment's inclusion in that year's income. If the payment is \$2,500 or more, you have to pay progressively higher penalties. (The formula for working out the financial penalty is complicated enough to rate as quite a penalty on its own. So I'll spare you the details at this point.)

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"The bill was stopped on the one-yard line this year. There's every reason to believe it can be put across the goal line at the next session."

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# One Man's Fight Against Hospital Domination

or

It was a subtle duel, taking place during
lowa's long war over hospital control of
pathology and radiology departments. As
it turned out, the pathologist didn't win

By Hugh C. Sherwood

The threat of hospital control over the private practice of medicine worries many doctors. They've watched with apprehension while pathologists and radiologists have fought against such control in a number of U.S. hospitals. They've been particularly stirred by the specialists' long war with Iowa's hospitals—a war that ended not long ago in a peace pact giving doctors a limited victory.

Here's the story of one physician's private battle in that war. The battle didn't end with the 1956 armistice;

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it ended this summer. And for the doctor it ended not in victory but in defeat.

How does his defeat concern you? Here's the view of Dr. William B. Ludlow, the pathologist concerned: "By a policy of compromise and appeasement, medicine has permitted a constriction in the perimeter of private practice. It's in danger of losing its independence. I believe my story may help other physicians to avoid the pitfalls into which I fell in trying to establish a good hospital-physician relationship through compromise."

The scene: a hospital we'll call All Souls in a town we'll call Plummerville. It's a good-sized, highly respected institution.

#### Why They Fought

The chief persons involved, apart from Dr. Ludlow: All Souls' Superintendent Craig N. Wiley and All Souls' board of directors, headed by Dwight P. Hargroves.

The basic issue in dispute: Who should control the pathological (and radiological) services rendered in the hospital?

Iowa's hospitals in generaland All Souls in particularwanted such control chiefly for economic reasons. Loss of con-

trol over pathological and radiological services would mean loss of some of the profits from these services. And the hospital men argued that any such loss would inevitably mean a rise in the over-all costs of hospital care. Said All Souls' board president, Dwight Hargroves:

#### Socialized Medicine?

"The income and expense situation is so close to the breakeven point in our own hospital that even a small change in receipts would have a great effect ... If and when costs reach a point where entering a hospital becomes a financial catastrophe that puts a person in debt for years, then a step is being made in the direction of socialized medicine."

Dr. Ludlow fought the hospital on this issue. Was he also motivated chiefly by economics? Says he:

"During the first few years I was at All Souls, I didn't get what I considered a fair income. So it was a source of friction. But the real issues were much more important. Should a hospital have the right to put a pathologist or a radiologist on salary? Should it have the primary voice

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#### HOSPITAL DOMINATION

in setting his fees? Should it have the power to hire his technicians and determine their salaries?"

Like most of his colleagues, Dr. Ludlow felt—and still feels—that an institution with such rights becomes more or less the doctor's employer: "There's nothing to stop the hospital from saving money by hiring low-quality, low-salaried assistant specialists and technicians. Medical care can suffer as a result. And patients can be economically exploited to the advantage of the institution."

#### How It All Began

So much for the broad basis of the conflict between the doctor and the hospital men at All Souls. Now let's see what happened because of this clash of fundamental interests:

In 1951, newly board-certified and fresh from an assistant professorship at an Eastern medical school, William Ludlow joined the All Souls' staff. He'd have liked to lease the hospital's laboratory facilities and equipment. But he didn't suggest such an arrangement. Instead, he asked for a percentage of the laboratory's gross profits.

Superintendent Wiley pointed out that this would be impractical for a while, because labora-

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#### HOSPITAL DOMINATION

tory earnings would be in a state of flux during hospital reconstruction and changes in its financial operations. He asked the pathologist to serve his first three years on salary. And Dr. Ludlow agreed.

#### The Doctor Lost Out

Ger

But there was pointed disagreement on some other matters. For one thing, Dr. Ludlow wanted the hospital's laboratory committee to have a voice in fee setting; Mr. Wiley did not. The contract they finally signed provided that fees should be controlled by the two of them alone. (In view of an A.M.A. pronouncement against hospital fee setting, Dr. Ludlow took this to mean he would have the primary voice in setting fees. Three years later, however, his interpretation was challenged.)

Secondly, because the hospital was increasing room charges, the administration was eager to cut patients' costs in some other way. When the superintendent suggested a reduction in laboratory fees, Dr. Ludlow balked. "Still," he recalls, "I wanted to be cooperative. So I agreed not to charge for routine repeat testsfor instance, blood counts and urinalyses-for a trial period of three months. The trial period

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never ended. I could never get permission to start charging for such tests."

Finally, the pathologist sought the right to hire the technicians he needed at salaries he deemed proper. But he had to agree that he would make no such arrangements without the superintendent's approval.

In short, Dr. Ludlow compromised all around. He started out on a salary. He ceded at least part of his right to set his own fees. And he accepted a large measure of outside control over his lab assistants.

#### The Years of Peace

A bad start? Looking back on it, he believes it was. Yet he says he'd wanted to be cooperative, and the contract had been arrived at without bitterness. For the next three years his relations with the hospital remained outwardly serene. Two points about those three years are worth noting:

During the 1951-53 period, the laboratory returned some \$55,000 of its net profit to the hospital. The money helped All Souls balance its budget. But Dr. Ludlow couldn't help feeling he was violating an A.M.A. edict

that bans doctors from dividing professional fees with lay corporations.

¶Dr. Ludlow's annual salary went up from \$14,000 to \$20,-000. Even so, it amounted to less than 16 per cent of the laboratory's gross. Most other Iowa pathologists were getting at least 25 per cent.

#### The Salary Struggle

In 1954, the contract came up for renewal. And for what appears to have been the first time, the battle lines were drawn. The dispute centered on two issues: technicians' salaries and laboratory fees. (As had been originally agreed, Dr. Ludlow now went off salary and began to get a percentage of the laboratory's profits. He had to accept a percentage of the net, not the gross. But he felt compelled to acquiesce, partly because this was the arrangement already accepted by All Souls' radiologists.)

Concerning technicians' salaries, the doctor pointed out that the hospital was having trouble attracting and holding qualified personnel because of its comparatively low pay. And he suggested that salaries be upped \$60 a month for all technicians. Other-

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#### HOSPITAL DOMINATION

wise, he warned, All Souls' pathological services would surely suffer.

After months of negotiation, the hospital offered an across-the-board raise of \$30 a month. Dr. Ludlow accepted the compromise. As he put it at the time: "Although many leading pathologists would disagree, I have never questioned the authority of the superintendent and the board of directors to determine the final salary of laboratory personnel, even if the decision reached is contrary to my opinion."

The fee question presented an even more difficult problem. Dr. Ludlow wanted to raise the fee for tissue examinations. He wanted to start charging again for routine repeat procedures. And he wanted the hospital's sixdoctor laboratory committee empowered to arbitrate fee disagreements between himself and the administration.

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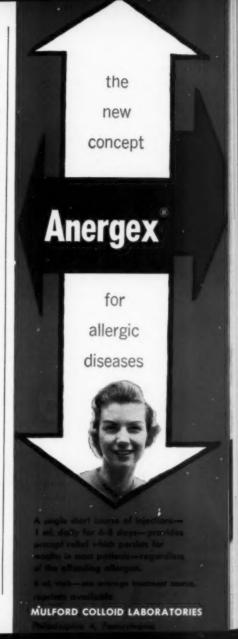
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The administration said no to both the basic demands. What's more, Dr. Ludlow found that, six months previously and without notifying him, the board of directors had decided to make itself rather than the laboratory committee the final arbiter in fee disagreements. The pathologist reacted strongly.

"Such a procedure is contrary



to the principles of medical ethics, is contrary to the terms of our agreement, is undemocratic, and is unacceptable to me," he wrote Mr. Wiley. "This counter-proposal on the part of the board savors of the action of North Korea in asking the Soviet

Union to serve as a 'neutral' in the Korean peace talks . . . "

Once again, though, a compromise was worked out. The hospital agreed to raise the tissue fee to \$7.50, as had been recommended by the Iowa Association of Pathologists. But the labora-

#### **Pointers for Pathologists**

His seven years at All Souls Hospital in Plummerville, Iowa, made Dr. William B. Ludlow a seasoned negotiator. Here are eight bits of advice he thinks will help other pathologists about to sign contracts with hospitals:

- 1. Make sure both your hospital and medical staff recognize that pathology constitutes the practice of medicine. Such recognition should mean, in particular, that the pathologist retains as much control over his laboratory as he's entitled to by law. (It should not mean, of course, that he fails to understand that he and his hospital have a true partnership of interest in trying to provide high-quality care at reasonable cost.)
- 2. Make sure your hospital doesn't depend primarily on its pathology and radiology departments for financial help.
- 3. Make sure your laboratory renders charges that are in line with pathologists' charges elsewhere in your state. Otherwise, your lab may not earn enough to permit you to hire either the quantity or quality of medical or technical help you need. MORE

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#### FIGHT AGAINST HOSPITAL DOMINATION

tory continued to do repeat tests without charge. And the arbitration question was left where it stood.

Meanwhile, the conflict of interest between hospital men and specialists was erupting into a state-wide battle. In 1954, Iowa's Board of Medical Examiners asked the Attorney General to rule that a hospital was illegally engaged in the corporate practice of medicine if it hired radiologists and pathologists on a salaried basis or split departmental profits with them. The Attorney General complied. He indicated that such specialists should

#### POINTERS FOR PATHOLOGISTS (Cont.)

4. Make sure your compensation is not only in accordance with your training, experience, and responsibilities, but also in accordance with that of other pathologists in your state. Ordinarily, you'll do well to retain a percentage of the laboratory's gross rather than net profit; determination of net profit often leads to misunderstanding.

5. Make sure you can hire your own technicians and medical associates. Then pay them out of your own profit.

6. If you enter into any temporary arrangements with your hospital, make sure both you and the hospital are in full agreement as to when such arrangements should end.

7. Make sure your contract with the hospital can be terminated only with the approval of the medical staff.

8. Try to join a hospital whose board of directors contains a reasonable number of physicians. Because they understand the needs both of those who manage and those who utilize hospitals, such boards are most likely to improve hospital service and maintain good intrahospital relations.

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The hospitals appealed. Among other things, they contended that pathology and radiology don't really constitute the practice of medicine.

When the judge ruled against them, they again appealed. But the case never got to the Supreme Court. Goaded by mounds of publicity unfavorable to both doctors and hospitals, representatives of the state medical society and the hospital association sat down in the fall of 1956 to settle their difficulties. The gist of the resultant agreement:

#### No Salaried Doctors

Pathology and radiology do constitute the practice of medicine. Hospitals may not put pathologists and radiologists on salary; but they may sign percentage agreements with them. Where doctors and hospitals disagree on fees, their differences must be submitted to joint conference committees. Technicians are to be hired and fired upon joint agreement of the physicians and the hospitals.

In 1957, the Iowa State Legis-

lature gave the above understanding the force of law. So the doctors got less control over their departments than the court decision would have granted them. But they were given more control than many of them had previously enjoyed.

Still, there seems to have been little improvement in the situation at All Souls. Without attempting to place the blame on either of the contending parties, let's simply review what happened after the new law went into effect:

According to William Ludlow, the hospital "dragged its feet" in complying with the legislation. He charges, for instance, that it made little effort to revise his contract or those of the hospital's radiologists. The hospital denies the accusation. Says Craig Wiley: "I'm sure we met the law's provisions as swiftly as almost any hospital in the state."

Then, in May, 1958, an inpendent auditor discovered that, contrary to agreement, the laboratory had been charging for routine repeat tests for some fifteen months. If the board of directors was surprised, Dr. Ludlow said he was equally so. He insisted he hadn't even known that

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HOSPITAL DOMINATION

such procedures were being charged for.

He explained he'd been too overworked to supervise his department's billing and collecting. He pointed out that his work load had tripled over the past few years; that of late, he had had no assistant pathologist to help him; and that the girl who'd been handling the billing had evidently misunderstood directions.\*

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The board of directors never accused the pathologist of acting in bad faith. It did say that he should have known about the billing. So it suggested he resign -since, in any event, it "couldn't get along with him."

His colleagues on the medical staff offered to serve as a permanent buffer between him and the hospital administration But the board was adamant. Last July, Dr. Ludlow resigned.

Before he left, his county medical society passed a resolution that deplored his dismissal and extolled his medical services to the community. It suggested that arbitration would have solved the conflict. MORE

<sup>\*</sup>For a brief period in 1954, Dr. Ludlow had an associate-chosen primarily by the hospital and compensated at a rate Dr. Ludlow considered inadequate. After the associate left, the hospital asserts, Dr. Ludlow didn't ask for a replacement. The doctor explains that he didn't do so because he felt the hospital wouldn't pay enough to get a fully competent man.

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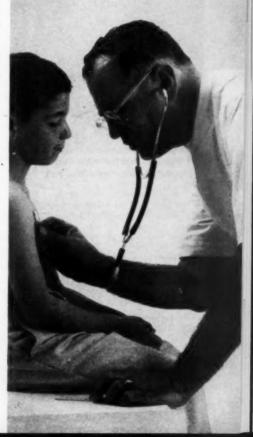
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#### HOSPITAL DOMINATION

But the story was over. Had the board used the billing error to force the pathologist's resignation "in revenge for the hospitals' semidefeat in the state-wide fight"? Dr. Ludlow bluntly opines that was the case. His opponents, in refuting the charge, contend that medical men who have studied the case impartially "are all quite familiar with our administrative difficulties with Dr. Ludlow."

The position at All Souls was filled only very recently. Dr. Ludlow, however, has been serving since August as director of the laboratory at a hospital in an Eastern state. There, he has the main voice in setting fees. And he gets well over half of his laboratory's gross profits, out of which he pays his technical assistants.

"I have absolutely no cause for complaint here," he reports. "When a doctor has primary control over his lab, he knows he can give the best of pathological care. He also knows he's helping to avert hospital control over the private practice of medicine. He isn't apt to quarrel with an administration that offers him such major satisfaction. I hope my experience at All Souls will be of some benefit to other hospital staff specialists."

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3. Oettinger, L., Jr.: Presented before the American Encephalographic Society Meeting, Atlantic City, June 14, 1958.
To be published, Journal

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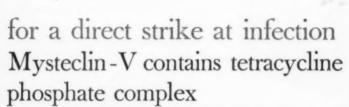
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■prompt, aggressive
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■a reliable defense against
monilial complications
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bacterial infection occurs



It provides a direct strike at all tetracycline-susceptible organisms (most pathogenic bacteria, certain rickettsias, certain large viruses, and Endamoeba histolytica).

It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels – higher and faster than older forms of tetracycline – for the most rapid transport of the antibiotic to the site of infection.

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It provides the antifungal antibiotic, first tested and clinically confirmed by Squibb, with specific action against Candida (Monilia) albicans.

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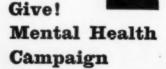
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. . . born each year, may some day be a mental patient!

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#### How Prevalent Is Fee Splitting Today?

CONTINUED FROM 88

informed opinion from the man who in 1955 produced the penetrating A.M.A. report on unethical practices.

#### **Proof Is Hard to Get**

That's also the impression of Dr. Kenneth B. Babcock, director of the Joint Commission on Accreditation of Hospitals. He's quite sure there's less fee splitting now than there was a few years ago-"certainly much less of it than there was twenty years ago. But if you asked me to prove it by statistics, I couldn't do it."

The Joint Commission won't accredit a hospital, he points out, unless its staff bylaws include a no-fee-splitting pledge. "I think this rule has helped eradicate fee splitting," Dr. Babcock says. Then he adds:

"To be very truthful-and I don't like to mention it-the Joint Commission has yet to catch its first fee splitter. Nobody is going to be darned fool enough to pass money under a hospital surveyor's nose. So unless we have something specific in writing from a doctor or a patient, we can't accuse anybody of fee splitting." MORE

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#### FEE SPLITTING TODAY

But if fee splitting is hard to spot, ghost surgery isn't—and the two are often closely related. Reports Dr. Babcock: "In the four years I've been with the Joint Commission, we've encountered just three cases of ghost surgery. Those hospitals that permitted it promptly lost their accreditation."

Now here's another broad finding from MEDICAL ECONOMICS' new study:

Fee splitting still stems from local economic pressures; it still follows no regular geographical pattern.

All along, fee splitting has been more prevalent in some parts of the country than in others. Even within the borders of the same state there are vast differences.

A Buffalo surgeon says: "We don't have fee splitting. I don't think it was a problem here even a few years ago, when everyone was talking about it."

But a New York City surgeon says: "New York's a closed town. If you don't split fees, you don't get started."

A surgeon in Trenton, N. J., says: "In our part of New Jersey I know of no doctor who is splitting, prorating, or in any other way giving back a part of his fee to some referring physician. But

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### harmful cough-6 to 8 hours with one timed-release tablet

A single, easily-swallowed Tussaminic tablet provides decongestion of the upper respiratory tract, non-narcotic control of the cough reflex center and effective expectorant action.

Nasal and paranasal congestion associated with cough is relieved by the oral respiratory decongestant action of Triaminic\*. Non-narcotic antitussive action is provided by Dormethan, as effective as codeine but without codeine's drawbacks. The classic expectorant, terpin hydrate, helps augment the flow of demulcent respiratory fluids.

### Each TUSSAMINIC Tablet provides:

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(phenylpropa	no	lan	ine	H	CI		*						×	50	mg.;
pheniramine	m	ale:	ate				*							25	mg.;
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Dormethan (b)	ran	de	of e	der	KE1	10	m	e	th	0	rı	ol	12	n	
НВг)										4					30 mg.
Terpin hydrate															

Dosage: One tablet in the morning, mid-afternoon and at bedtime. The tablet should be swallowed whole to preserve the timed-release action.

### how TUSSAMINIC timed-release tablets provide 6 to 8 hours of cough relief

first - the outer layer disintegrates In minutes to provide 3 to



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for relief from harmful cough "around the clock"

On one tablet -the patient can work all day

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#### FEE SPLITTING TODAY

I do know it's going on in North Jersey."

And a surgeon in North Jersey confirms this view: "Fee splitting dead? Hell, fee splitting isn't even sick. It's all over the metropolitan area. You can't exist without it."

Another man reports: "Before the war I was in a small town in Pennsylvania. I didn't know what fee splitting was. When I came back from the Army, I took a residency in New York. And I've been hearing about split fees ever since."

But fee splitting isn't necessarily a big-city problem. A Philadelphia surgeon insists he has good reason to believe that there's much more fee splitting going on in Scranton, Pa., than in Philadelphia.

Why? "Because," he says, "in the big-city hospitals, surgical privileges are so well defined that



"By the time the lawyer gets his, the hospital its, the nurse hers, and the doctor his-where's mine?"

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### PELTON AUTOCLAVE

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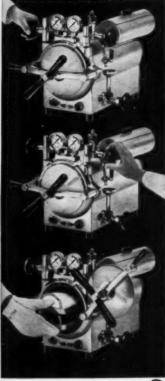
After loading, simply transfer steam from reserve to sterilizing chamber. In only a few seconds, temperature is attained.

### DISCHARGE

When sterilization is completed, discharge steam to condenser after closing transfer valve and crack open the door.

### UNLOAD

In a minute or two entire contents are removed completely sterile and dry. The autoclave is ready for second load.



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### FEE SPLITTING TODAY

the untrained man can't get into the operating room even if he's the referring physician." This reduces the incidence of splits disguised as "assistant's fees."

Back in 1953, Dr. Hawley offered this geographical analysis of fee splitting: "It's very bad in the Middle West, especially Iowa, Illinois, and Indiana. As a Hoosier I shudder. But my friends in Virginia and West Virginia tell me that it practically doesn't exist there."

In chess this symbol means that a player has castled with his king's rook.



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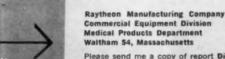
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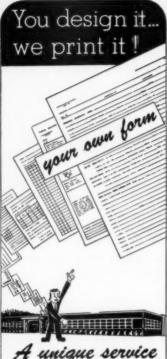
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#### FEE SPLITTING TODAY

Has this pattern changed? In some respects, yes. This magazine's study indicates that the situation has improved in the Midwestern states. And the reason seems to be this:

Concerted efforts to control fee splitting are succeeding in some of the one-time "trouble spots."

For example, most Iowa surgeons have agreed to submit to financial audits, just as the A.C.S. demanded. "Fee splitting's no longer a problem in Iowa," says a Des Moines surgeon. And he tells this story to illustrate his point:

"Ottumwa was supposed to be one of the state's big trouble spots five or six years ago. Well, three years ago a young surgeon opened an office there. He'd been warned he might be under pressure to kick back part of his fees, but he was determined not to. Just recently he said to me: 'Nobody's asked me to split fees. And I'm doing more surgery right now than I ever thought possible.""

There's reportedly less fee splitting now in Chicago and Detroit, too. Some surgeons credit the change to the adoption by some hospitals-and the threat of adoption by others-of the "Columbus Plan." MORE

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HE'S HOLDING OUT FOR **HOMICEBRIN** 

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liquid vitamins for the support tots need . . . the flavor they accept



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#### FEE SPLITTING TODAY

Named for Columbus, Ohio, where it got its start, this scheme requires staff physicians to have their financial records audited periodically by a certified public accountant. If any trace of fee splitting is found, the offending staff physician stands to lose his hospital privileges and be reported to revenue agents.

### Audits Are 'Voluntary'

The A.M.A. has gone on record as condemning the idea of compulsory financial audits. But a number of hospital staffs in Illinois, Indiana, Iowa, Michigan, and Ohio have "voluntarily" adopted the Columbus Plan (or a modified version of it) in order to stamp out fee splitting.

Elsewhere fee splitting is being stamped out without recourse to financial audits. Salt Lake City surgeons, for example, have worked out a code that covers most fee problems in two-doctor cases.

'TOTAL

M.D.

Typical problem: What if an insurance company insists on paying for such a case by "one check to one doctor"? The code's answer: "The doctor should endorse the check back to

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### FEE SPLITTING TODAY

the patient, who should then pay both doctors according to their bills."

### 'Fee Cutting' Is Out

Dr. Kenneth B. Castleton of Salt Lake City, who helped draft the code, believes it has virtually wiped out what he calls "inducements" in his area. "I don't believe fee splitting as such was ever a big problem here," he says. "But some highly trained surgeons used to cut their own fees and permit poorly trained referring doctors to charge disproportionate fees for assisting them. As far as I know, that sort of thing has been eliminated entirely."

### As a Critic Sees It

One of the severest critics of the A.C.S. anti-fee-splitting campaign was Dr. F. E. Bollaert of East Moline, Ill., a general practitioner who has major privileges in surgery.\* He's now willing to concede that the campaign has succeeded. "Here in Rock Island County," he says, "the men have fallen pretty much in line with the American College of Surgeons' ideas. That, of course, is the trend all over the country."

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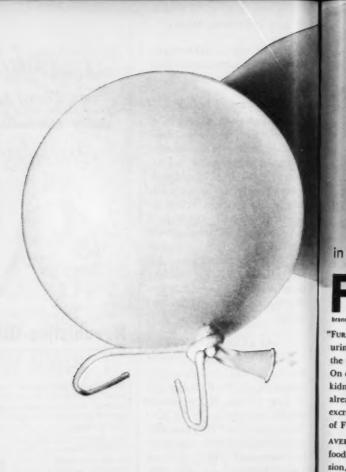
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<sup>\*</sup>See "Why Not Split Fees?" MEDICAL ECO-NOMICS, July, 1952.



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Dr. Bollaert still isn't sure the change has been for the better. Here's the way he feels about it today:

"Since all the ballyhoo about fee splitting, I haven't noticed in our community of 150,000 people that any medical man has changed his referrals from one surgeon to another. So it seems obvious to me that there's been absolutely no improvement in the quality of surgery that the patient receives. And surgical fees haven't been reduced. So the patient isn't receiving any financial benefit either.

"There's been no change in the blood stream," Dr. Bollaert sums up. "The only change is this: The flow of the gold stream has been diverted from the till of the referring man, who does all the leg work, to the coffers of the surgeon, who gets all the glory."

Despite dissenters like Dr. Bollaert, it doesn't seem that the trend is likely to reverse. Note this final finding from MEDICAL ECONOMICS' new study:

The new crop of surgeons that has come along since the A.C.S. campaign seems more solidly set against fee splitting.

Consider the case of a young Jersey City surgeon. Six years ago, during all the commotion over fee splitting, he finished his residency and started practice. "I knew that everyone around here was splitting fees," he recounts. "Friends of mine were betting me I couldn't make a go of it if I didn't split. I made up my mind that I'd give it a try for a year and not split.

"Well, I made it. I'm doing well. But some interesting things happened at the start. When I was just beginning practice, I was approached by thirty-three G.P.s with good wishes and offers to send me patients-if. If I'd split fees, that is. I wouldn't."

Did he get any referrals anyway?

"No, not a one. But I got started in spite of it. And I still don't split fees. Hell, if I did, I'd have to do \$100,000 worth of surgery to make the \$50,000 I'm making now."

In the six years since this man started practice, half a dozen new surgeons have settled in his neighborhood. "And they're not splitting fees either," he says.

No one really knows how typical this man's story is. But MED-ICAL ECONOMICS' study suggests it may well represent the no-feesplitting wave of the future. END



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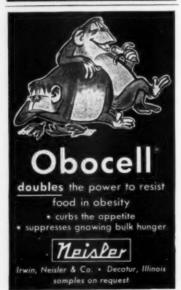
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### Dr Scholl's SUPPORTS



### The Case of the Unmentioned Mix-Up

CONTINUED FROM 75

entered his mind. It was too farfetched. And yet... maybe he should get in touch with his malpractice insurance carrier just to be on the safe side.

But mightn't that merely stir things up? Better let sleeping dogs lie! So the doctor didn't call his insurance carrier. In fact, he didn't mention the mix-up to anybody.

Four years passed. And then Jimmy Crain, now a 21-year-old college senior, filed suit against Dr. Stringley for malpractice. He was asking \$25,000.

Seems that in a routine physical examination, somebody had found Jimmy had an enlarged spleen. Somebody had told him it could have been caused by barbiturate overdosage.

That's when I was called into the case. It was several years too late. I found the doctor's defense had quite literally disappeared in ashes. Two years before, the drugstore's files, including Dr. Stringley's all-important prescription, had been destroyed in a fire.

Not only that. The substitute pharmacist who'd misread the Rx had been killed in an auto crash a year ago.

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### References

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### THE CASE OF THE UNMENTIONED MIX-UP

Dr. Stringley thought we ought to be able to get him off anyway. But he'd made it tough for us. He'd admitted the overdosage at the time to Jimmy and his parents—without offering them any but the vaguest explanations. It just hadn't seemed right to bring the pharmacist into the picture, he told me; probably the handwriting had been pretty hard to make out.

And his office record covering that part of the case? Well, that was great. It read: "1½ grams of barbital administered in error. Patient responded well to picro-

toxin as antidote." Just that, and nothing more.

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Pretty clearly, the case was indefensible. My home office agreed that it would be foolish to risk a trial when all we could offer as defense was an air of honesty. We settled for \$2,500.

If there's ever a next time, Dr. Stringley will get in touch with his insurance carrier the minute there's even the chance a malpractice action could develop. He learned the hard way that innocence in a case of malpractice can be a highly perishable commodity.

### whenever he starts to



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Vitamin A5	
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Vitamin 8-1	2.5 mg
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Cobalt	0.1 mg.
Fluorine	0.1 mg.
lodine	0.2 mg.
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Manganese	1.0 mg.
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ra hemorrhagica (Correspondence). J.A.M.A. 161:96, May 5, 1956. of meprobamate in the treatment of alcoholimm. Ann. New York Acad. Sc. dng" individuals (Queries and Minor Notes). J.A.M.A. 163:515, Feb. 9, J. 52:1306, Dec. 1956. 192. Hollister, L. E., Elkina, N., Hiler, F. C. 9, May 9, 1957. 193. Hollister, L. R., Stannard, A. W. and Drake, C. F.: ubak, J. E., Thomas, O. C. and Segura, J.: Texic reaction to 2-mothyla my, W.: Allergic purpura due to meprobamate (Correspondence). Canad. tom) in surgery of eye, ear, nose and throat. Eye, Ear, Nose & Throat. , meprobenate -- Its use for pain associate with cance, preliminary espondence). J.A.M.A. 161:646. June 16 156 190. Augelmens. 1. N.: stopera nical stuc does not impair mental efficiency or physical 1573, performance relieves both mental and muscular tension. does not affect autonomic function pisodes following treatment with meprobamate (Correspondence). Lancet 2: (2-mathyl-2-n-propyl-1,3-propanediol dicarbamate). chopath. 17:7, March 1956. 239. Sen-4. 39±6 Feb. 1957. 245. Smith, R. T.: The new-meprohamate (Wallace) restch, 19 WALLACE LABORATORIES, New Brunswick, New Jersey ::) 18 2h7. Steffen, C. G., Chervin, M. and Van Vranken, B.: Reactions of low-H.: The use of tranquilizing drugs in gynecology. West. J. Surg. 6h: 256: 251. Thinann, J.: Never drugs in the treatment of acute alcondism Jeorgia, Dec. 28, 1955. 252. Thimann, J. and Gauthier, J. W.: Miltown 1956. 253. Tucker, W. I.: The place of Miltown in general practice. of approbasate therapy in a chronic schizophrenic population. Am. J. c, & Chat. 10h:233, Feb. 1957. 256. Turvey, S. E. C.: Meprohamate for . 257. was de Erve, J. and Childs, D. R.: Meprobamate reactions, J. ataractic drugs). Presse med. argent. 43:2667, Aug. 31, 1956. 259. Wein-

N.J.

### Should You Run For Public Office?

CONTINUED FROM 79

another doctor right away. Others went with my associate later on, when he started out on his own.

"And I've lost some people as patients because they disagreed with my politics. Four or five left me because of one vote I cast in the Senate; they told me so. Then I recall a man who didn't like my stand on re-zoning some real estate. He wound up with: 'I'm never coming to you again,

and I'll see that my wife doesn't, either.'

"On the other hand, new patients balance the loss. Senators call me now. Business people I met as Mayor come to me. Sometimes total strangers walk in beaming like old friends because of something I've done in the Council or Senate.

### **Patients Approve**

"The patients I have now are with me through conviction. We have firm rapport from the start, and I notice that my therapy has more effect. Thus, to my



### NEW!

to prevent angina pectoris in the tense and anxious patient

# Metamine a (aminotrate phosphate, Leeming) Butabarbital

Simplified, b.i.d. therapy for 24-hour defense against angina pectoris associated with emotional or nervous tension. Each sustained-release tablet contains 10 mg. METAMINE and 3/4 gr. butabarbital.

Dosage: 1 tablet on arising, 1 before evening meal. Bottles of 50 tablets. Thos. LEEMING & Co., INC., New York 17.

Patent applied for.

surprise, public office is actually helping me to practice better medicine."

His income hasn't changed much. "My first year in public life was also the first year my net income didn't go up appreciably," Dr. Haddock reports. "It hasn't varied more than \$2,000 annually since then. But my family and I have had experiences that income couldn't buy."

Nonmedical pay has brought more complications than profit. His first election campaign, for example, was for a Council post paying \$1,200 a year; the campaign cost him \$1,166. And as an officeholder he's wary of official expense accounts: "If you report a meal more expensive than hamburger, somebody bleats about the taxpayers' money. I'd rather pay my own way and take tax deductions."

### **Tax Men Haunt Him**

Those deductions apparently throw the Internal Revenue Service into annual tail spins. "I'm audited every year," says Dr. Haddock. "The tax man usually finds something to challenge. But my records are complete—I'll

1 tablet all day 1 tablet all night

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### NEW!

Important specific preparation for angina pectoris with hypertension

### Metamine (aminotrate phosphate, Leeming) Sustained With Reserpine

Simplified, b.i.d. management of angina pectoris associated with hypertension. Each tablet contains 10 mg. METAMINE in sustained-release form and 0.1 mg. reserpine. Dosage: 1 tablet on arising, 1 before evening meal. Bottles of 50 tablets. Thos. Leeming & Co., Inc., New York 17.

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 Because it requires only a few hours of management time weekly, it does not interfere with the demands of your profession.

2. Accelerated depreciation schedules permit rapid accrual of equity . . . offer attractive tax deductions.

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Address	
City	State
	@ ALD. Inc., 1958

### SHOULD YOU RUN?

defend my deductions through every court in the land. He winds up by allowing them."

Dr. Haddock's earnings from practice are likely to grow beyond their present plateau, a local business observer predicts: "People who don't k n o w the name of another doctor in town can even tell you his middle initial. Naturally he's the one they'll call."

How do colleagues enjoy seeing his name in front-page headlines? There's been some coldeyed suspicion, he concedes. One colleague openly deplored his political "bid for business." But another physician who serves with Dr. Haddock on hospital staffs pooh-poohs the slurs:

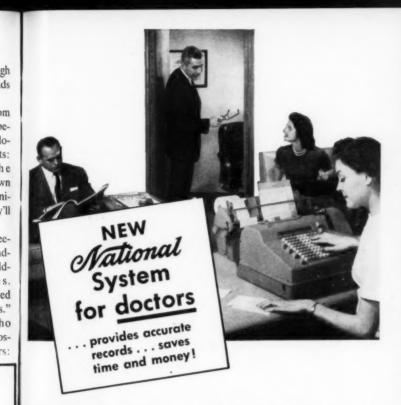


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### SHOULD YOU RUN FOR PUBLIC OFFICE?

"His prominence brings out the snobbery in medical snobs, of course. But if there's been a word of serious criticism. I haven't heard it."

A well-known local internist concurs: "He's helping the whole profession. That's real public relations, I think-building public confidence by deserving it, not by buying it, the way the A.M.A. once tried to do."

Before the last election a number of doctors asked for his campaign poster to put in their reception rooms.

One thing they all ask him: "How do you do it?"

He works longer hours, delegates more jobs, and makes

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"Your answering service wants to report an emergency it received yesterday afternoon."

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Nulsen, R.O.: Onio State M.J.
 53:665, 1957. 2. Personal communications, 1956-57.



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lees more referrals than before. All OB work is referred, as well as major surgery.

### His Aide Is Busy, Too

All office time is spent with patients. He leaves collections, bills, and banking to his secretary, as well as much correspondence. The rest of the mail goes home in his briefcase. After dinner he knocks out drafts of correspondence or speeches with his portable typewriter on a card table.

Medical journals? He reads them in bed.

"Something's got to give, of course," he admits. "With me, it's sleep. And I couldn't manage without topnotch teamwork at home and at the office. One rule keeps things straight for us all: Patients come first. I've laid down the Mayor's gavel and even left the Senate floor when a patient had a coronary."

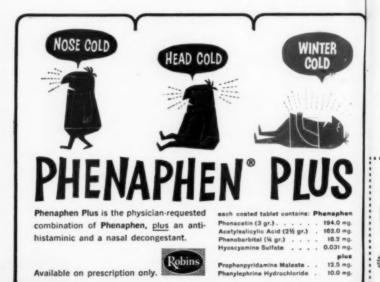
### **How His Wife Helps**

-The teamwork at home features Mrs. Haddock's talent for helping behind the scenes. She engineers his quick get-aways on official trips, meeting him at the

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office with a change of clothes, suitcase packed, lunch ready to eat in the car, portable typewriter ready for roughing out a speech as she drives him to the airport.

"The children and I don't electioneer for him," she explains. "We don't like the limelight. We just try to make home a place for him to relax."

### **His Family Life**

He has no office at home, no shingle at the door. The phone is his only shackle. To get away from that, the Haddocks often picnic on their country acreage for an afternoon of fishing, or go to the movies. "Ed and I," Mrs. Haddock says, "deliberately plan recreation the whole family can enjoy. As a result we probably spend more time together as a group than if he weren't so busy."

His office team consists of a full-time secretary-bookkeeper who can help out with shots, a registered nurse, and a technician. An accountant comes in periodically.

"I count on them all," says Dr. Haddock, "to handle their jobs self-sufficiently but to consult me when in doubt. My nurse, for instance, can deal with routine phone queries, like questions about a baby's formula."

His secretary juggles office appointments for thirty to fifty patients a day, plus a dozen or more house calls, on a priority system. "The days he's in the Senate, we take urgent ones only. When the schedule gets jammed, I start appointments at 8 A.M.—sometimes at 7:30," she says.

The telephone directory lists her home number under his name, to be called if his phones don't answer. "I find patients are relieved to get someone they know instead of an impersonal answering service," he explains. "Sometimes all they need is to be told when I'll be back."

### 'Community Needs Us'

After seven strenuous and sometimes disheartening years, Dr. Haddock still advocates public office for M.D.s. "Of course, a physician can render no public service more important than healing. But the community needs us as citizens, too. A medical education gives special insight into a lot of civic problems, like sanitation, delinquency, and city or state hospitals. The meas-

Within the dermal papillae beneath the epithelium are Meissner's touch corpuscles-cylindrical bodies that help account for the acuity of the tactile mechanism. For the sense of pressure and heat, the sensitive somesthetic system is rounded out by Pacini's corpuscles and Ruffini's spindles.

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### THE ANATOMY OF TOUCH

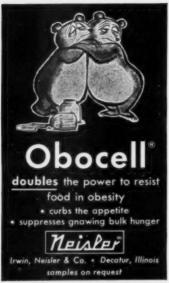
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1. Feo. L. G., et al.: J. Urol. 75:711 (April) 1956.

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ure I'm proudest of-Richmond's \$16,000,000 sewagedisposal project-might not have passed if a doctor hadn't pushed."

"Ed makes this civic duty sound too open-and-shut," comments Dr. Henry W. Decker, chief of staff of Richmond Memorial Hospital. "He takes for granted his brilliant health, his boundless vitality, his impressive size. Not everybody can count on so much."

### He'd Do It Again

"Sure, you need to watch your boundaries-the limits of your strength, the tolerance of your family and colleagues, your patients' loyalty," Dr. Haddock reme. There's only one condition: I won't run for an office that would take me away from my practice."



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### Electrocardiogram Accuracy

Not every physician needs the exquisite accuracy obtainable with the new Birtcher Electrocardiograph.

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A physician, by simple request on his letterhead or Rx blank, may receive without further ado, a large, five color brochure descriptive of the Birtcher Electrocardiograph and, as a gift, a new, special dual speed ECG measuring rule, together with a new booklet on cardiographic diagnosis, both especially prepared for Birtcher by a distinguished cardiographer. Please address your request to: The Birtcher Corporation, Department ME-1058A, 4371 Valley Boulevard. Los Angeles 32. California.



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Meti-Derm Aerosol with Neomycin		Winthrop Laboratories, Inc. Milibis Vaginal Suppositories 32, 112
Polaramine Repetaba	160	Woodlets, Inc.
Sterotril 91	1. 23	Ozium 102
Trilafon	145	
		41 1 74
Schmid, Inc., Julius		Aludrox SA
Schmid, Inc., Julius Ramses Prophylactics	279	Aludrox SA 104 Amphojel 61
Schmid, Inc., Julius Ramses Prophylactics Tuk-A-Way Kit (No. 701)	279	Aludrox SA 104 Amphojel 61 Cyclamycin 125
Polaramine Polaramine Repetabs Sterotril 21 Trilafon Schmid, Inc., Julius Ramses Prophylactics Tuls-A-Way Kit (No. 701) Scholl Mfg. Co., Inc., The Arch Supports	279	Wyeth Laboratories         104           Aludrox SA         104           Amphojel         61           Cyclamycin         125           Equanil         229           Zactirin         51

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# PREVENT both cause and fear of ANGINA ATTACKS

proven safety for long-term use



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Miltrate<sup>\*</sup>

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prolonged relief from anxiety and tension with

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The original meprobamate, discovered and introduced by Wallace Laboratories

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"In diagnosis and treatment [of cardiovascular diseases]...the physician must deal with both the emotional and physical components of the problem simultaneously."

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Miltrate is recommended for prevention of angina attacks, not for relief of acute attacks.

Supplied Bottles of 50 tablets.

Each tablet contains: 200 mg. Miltown + 10 mg. pentaerythritol tetranitrate.

Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime.

Dosage should be individualized. For clinical supply and literature, write Dept. 3I

Friedlander, H. S.: The role of ataraxica in cardiology. Am. J. Card. 1:395, Murch 1958.
 Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. Angiology 8:504, Dec. 1957.

WALLACE LABORATORIES, New Brunswick, N. J.

TRADE-HARE

## Memo

From the Publisher

### **Enlightened Economics**

Thirty-five years ago this month, the first issue of MEDICAL ECONOMICS was published. It contained forty-eight pages, eight articles, and thirteen ads. Probably not much attention would have been paid to it except for its eyebrow-raising subject matter: the business side of medicine.

Among the 102,059 physicians who read that first issue, there were those who felt it wasn't in the doctor's interest to behave as if medicine had a business side. "It would be suicidal for me, after practicing here for twenty-three years, to send out monthly statements," one man wrote. "I'd lose half my patients."

And there were those who felt a business magazine for physicians must surely be against the public interest. "Insidious" was the adjective applied by the editor of the Journal A.M.A. The new magazine couldn't avoid putting "cash above conscience," he warned. It's interesting to contrast these dire predictions with the way things have actually worked out. Last year, for example, when the A.M.A. President heard that MEDICAL ECONOMICS was bringing out a new edition for residents, internes, and senior medical students, he wrote: "The better informed these young men are about the things you publish, the better medical profession we're going to have. I could almost say it will be a public service to send MEDICAL ECONOMICS to them."

Thus this magazine has been credited with serving doctors and the public interest too. But the credit belongs to you, our readers and contributors. Here are three of the ideas you've contributed so often, and in so many different forms, that they stand as economic tenets for enlightened doctors to-day:

 The best way to prosper in medicine is to give good service.

2. The best fees to charge are not the highest possible fees.

3. The best way to collect what people owe you is to make it easy for them to pay.

Cash above conscience? Just the opposite, we'd say. Permit us to congratulate you for the last thirty-five years of contributions proving it.

—LANSING CHAPMAN